

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 070721

PERMIT ISSUED

OCT 19 2007

This is to certify that COGH REALTY ASSOCIATES/NeoKraft Signshas permission to install 2 bldg signs 9'2" x 8'1"AT 1599 CONGRESS STCITY OF PORTLAND
220 C001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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 procedure is complete this building or part thereof shall be closed or closed-in. FOUR HOUR 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

Thomas M. Mackley 10/19/07
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: 07-0721	Issue Date:	CBL: 220 C001001
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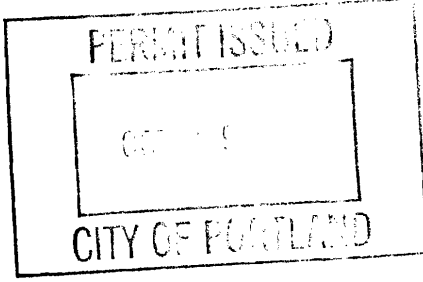
Location of Construction: 1599 CONGRESS ST	Owner Name: OGH REALTY ASSOCIATES	Owner Address: 1601 CONGRESS ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: C7
Past Use: Commercial / Maine Orthopedics	Proposed Use: Commercial / Maine Orthopedics install 2 bldg signs 8' x 8'1" 2'6" x 7'8"	Permit Fee: \$75.60	Cost of Work: \$75.60
Proposed Project Description: install 2 bldg signs 8' x 8'1" 2'6" x 7'8"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	CEO District: 3
		INSPECTION: Use Group: <i>Bus</i> Type: <i>SA</i> <i>DOC 2003</i>	(condition) <i>RP</i>
		Signature:	Signature: <i>Jm 10/15/07</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: dmartin	Date Applied For: 06/15/2007
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Zoning Approval

- 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 <i>special review under section 14-368.5 (g)</i> <input type="checkbox"/> Flood Zone <i>application not meet requirements</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/12/07</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>ABU</i>
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Approved based on revised plan dated 10/14/07

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

Permit No: 07-0721	Date Applied For: 06/15/2007	CBL: 220 C001001
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Location of Construction: 1599 CONGRESS ST	Owner Name: OGH REALTY ASSOCIATES	Owner Address: 1601 CONGRESS 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 Orthopedic Center install one bldg sign 2'6" x 7'8"	Proposed Project Description: install one bldg sign 2'6" x 7'8"
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 10/12/2007

Note: 6/19/07 - Zone is C7 (zoned as conditional R-P -Residential -Professional). Section 14-369.5, Table 2.3 states that building signs are not allowed. Sending this to planning authority under section 14-368.5(g) for special review. **Ok to Issue:**
10/12/07. Deb Andrews approved under section 14-386.5(g).

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 10/15/2007

Note: **Ok to Issue:**
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:** 10/12/2007

Note: **Ok to Issue:**
1) * Reviewed under special exception provision--Sec. 14-368.5 (g). Approved on the basis of revised proposal, dated 10/2/07, which features non-lit, individual painted acrylic letters and logo.

*Approved with the understanding there will be no sign lighting. Any proposed lighting will require separate review and approval.

Comments:

6/19/2007-amachado: 6/19/07 - Zone is C7 (zoned as conditional R-P -Residential -Professional). Section 14-369.5, Table 2.3 states that building signs are not allowed. Sending this to planning authority under section 14-368.5(g) for special review.

Application ID Number:

7-0721

Print Permit

Delete Review

Save

C

Department: Planning

Status: Pending

Reviewer: Deborah Andrews

Comments:

Approval Date: 10/12/2007

Histor

Given On Date: 06/19/2007

OK to Issue Permit

Name: Deborah Andrews

Date:

Date 2:

Conditions Section:

Add New Condition
From Default List

Add New Condition

Delete Condition

Close

* Reviewed under special exception provision--Sec. 14-368.5 (g). Approved on the basis of revised proposal, dated 10/2/07, which features non-lit, individual painted acrylic letters and logo.

*Approved with the understanding there will be no sign lighting. Any proposed lighting will require separate review and approval.

Create Date: 06/19/2007

By: amachado

Update Date: 10/12/2007

By: dga



Signage/Awning Permit Application

W.O. 7342

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>1601 CONGRESS STREET</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>MAINE ORTHOPAEDIC CENTER</u> <u>1601 CONGRESS STREET</u> <u>PORTLAND, ME 04102</u>	Telephone: <u>774-5113</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>NEOKRAFT SIGN CO.</u> <u>686 MAIN STREET</u> <u>LEWISTON, ME 04240</u>	Total s.f. of signage x \$2.00 <u>45.60</u> Per s.f. plus \$30.00/\$65.00 <u>30.00</u> For H.D. signage= Total <u>75.60</u> Fee: \$ <u>75.60</u> Awning Fee= cost of work _____ Total Fee: \$ <u>75.60</u>
Who should we contact when the permit is ready: <u>NEOKRAFT SIGN CO. phone: 800-339-2288</u>		
Tenant/allocated building space frontage (feet): Length: <u>SEE ATTACHED CALCULATION</u>		
Lot Frontage (feet) <u>2600' ON CONG. + FRONT</u> Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>MEDICAL OFFICES</u>		
If vacant, what was prior use: _____		
Proposed Use: _____		
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>2'-4 1/2" x 8'-1 1/8" = 22.8 S.F.</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): <u>(1) ON CONGRESS (1) ON FRONT - SEE ATTACHED</u>		
Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>36, 26 SQ. FT.</u>		
Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> 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.

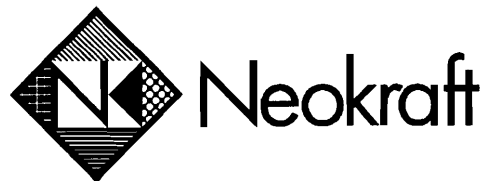
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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

Pete W. Murphy (NEOKRAFT)

Date: 6-11-07

This is not a permit; you may not commence ANY work until the permit is issued.



Neokraft

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>

Transmittal to CITY OF PORTLAND
ATTN: MS. DEB ANDREWS

Date 10.10.2007

Job No. 7342

Re. WALL SIGN

Item

<input checked="" type="checkbox"/> Attached	<input checked="" type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input type="checkbox"/> Specifications
<input type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input checked="" type="checkbox"/> Other	

Copies	Date	No.	Description
1	10.10.2007	7342	1601 CONGRESS STREET

Purpose

<input type="checkbox"/> For approval	<input type="checkbox"/> No exception taken	<input type="checkbox"/> Rejected
<input type="checkbox"/> For your use	<input type="checkbox"/> Make corrections noted	<input checked="" type="checkbox"/> Review and comment
<input type="checkbox"/> As requested	<input type="checkbox"/> Revise and resubmit	<input checked="" type="checkbox"/> Other

Remarks Deb: After we met several weeks ago, Maine Orthopaedic decided to use non-lit painted acrylic letters and logo. First, I'd like to know if this meets with your approval. Second, I need to know how to proceed since I have already made a submission showing a lit sign.

Copy to FILE

From PETER MURPHY

If enclosures are not as noted kindly notify us at once.

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



Neokraft

220-C-221

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>

Fax to	MS. ANN MACHADO CITY OF PORTLAND-ZONING 389 CONGRESS STREET PORTLAND, ME 04101 Fax No. 207- 874-8716 ⁸⁷⁴⁻⁸⁹⁴⁹	Date	06.13.2007
		Time	11:33 AM
		Ref. No.	7342
		Re.	SIGN PERMIT
		No. Pages	3 incl. this sheet

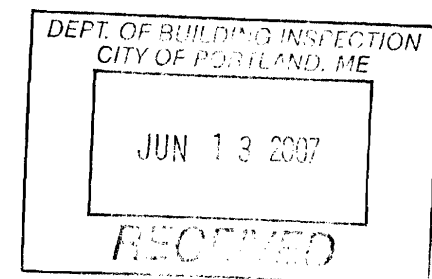
From PETER MURPHY, peter@neokraft.com

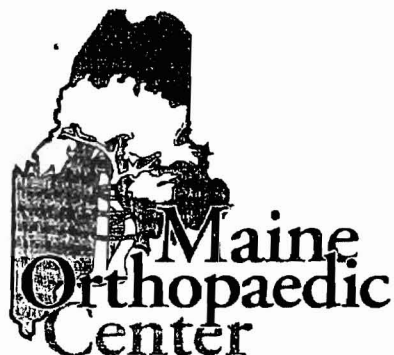
Message re: sign permit application for Maine Orthopaedic Center, 1601 Congress Street
 Ann, following is a letter from Dr. Barr of Maine Orthopaedic Center that should have been included in our sign permit application recently sent via mail. It is addressed to you since you've had some discussion with Dr. Barr from Maine Orthopaedic. I'll also send the original via mail. I apologize for the confusion that my oversight may have caused...this letter should have been part of our submittal. Should you have any questions or concerns, please don't hesitate to contact me.

Copy to FILE

If pages are not received kindly notify us at once.

OFFICE:\CLERICAL\TEMPLATES\FAX FORM.DOT

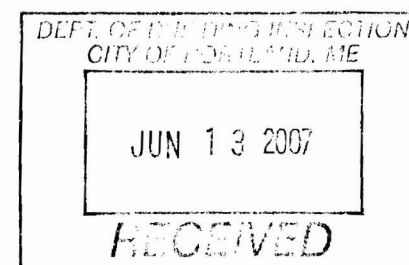




Vincent N. Oliviero, M.D.
 R. Reed Gramse, M.D.
 Sean T. Hanley, M.D.
 James D. Kuhn, M.D.
 Stephen J. Barr, M.D.
 Robert C. Parisien, M.D.

May 25, 2007

Ms. Ann Machado
 City of Portland
 389 Congress Street, Room 315
 Portland, ME 04101



Dear Ms. Machado:

I appreciate the time you took to discuss my request to place a sign on our building at 1601 Congress Street to aid our patients in finding our location.

We have done a number of recent in-office surveys with our patients and one of the overriding concerns is difficulty locating our office. Given our location off of Congress Street with an entrance on Frost, many of the patients find it difficult to negotiate this. While they can see the building from Congress Street, it is not identified as the correct building by a sign visible to them easily either upon approach from the airport on Congress Street or from the City of Portland. The signs we do have on the side of the road are mostly obscured by telephone poles and existing shrubbery which is needed to screen our parking lot and was apparently required in our original building permit and cannot be touched.

I appreciate your re-evaluation of our request to place a sign on the south-facing corner of the building, as evidenced in the enclosed drawings. This will be a rather unobtrusive sign which should yield pleasing visual impact to the naked eye. Final drawings include a cutout of the State of Maine back-lighted and the lettering "Maine Orthopaedic Center". The size will be 2'-9½" x 8'-0". As you can see by the enclosed drawings, it will be understated in its appearance but hopefully provide a much-needed service to our patients in locating our practice.

As I had mentioned to you before, the two medical buildings that are within our same zone do have lettering on their buildings at the present time and thus must have enjoyed some relief from the conditional RP zoning requirements.

PORTLAND OFFICE
 1601 Congress Street, Portland, Maine 04102
 Tel (207) 774-5113 • Fax (207) 874-0320
www.maineortho.com

NORWAY OFFICE
 193 Main Street, Norway, ME 04268
 Tel (207) 743-5366 • Fax (207) 743-5026
www.maineortho.com

Ms. Ann Machado
City of Portland
Page 2
May 25, 2007

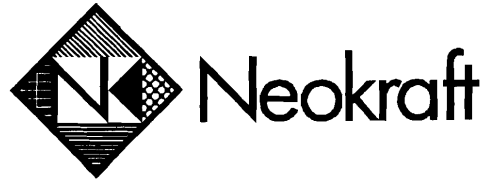
I again thank you for your concern and attention to this matter. Please do not hesitate to contact me by phone or in writing if there is any further information you require.

Sincerely,

A handwritten signature in cursive script that reads "Steve Barr" followed by a flourish.

Stephen J. Barr, M.D.
SJB:bmc

Enclosures: Building plan, previous letter to City of Portland



Neokraft

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>

Transmittal to	CITY OF PORTLAND INSPECTIONS 389 CONGRESS STREET PORTLAND, ME 04101	Date	06.11.2007
		Job No.	7342
		Re.	ME ORTHOPAEDIC PERMITS MAIL

Item	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
	<input checked="" type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input checked="" type="checkbox"/> Specifications
	<input checked="" type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1 set	06.11.2007	7342	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, (1) LIABILITY INSURANCE CERTIFICATE, (1) DRAWING OF NEW AND OLD SIGNS, PLOT PLAN, AND (1) CHECK NUMBER #8623 FOR \$120.60 TO OBTAIN PERMITS FOR MAINE ORTHOPAEDIC CENTER, P.A. LOCATED ON 1601 CONGRESS STREET.

Purpose	<input checked="" type="checkbox"/> For approval	<input type="checkbox"/> No exception taken	<input type="checkbox"/> Rejected
	<input type="checkbox"/> For your use	<input type="checkbox"/> Make corrections noted	<input type="checkbox"/> Review and comment
	<input type="checkbox"/> As requested	<input type="checkbox"/> Revise and resubmit	<input type="checkbox"/> Other

Remarks Please go ahead and mail permits to my attention upon approval.

Copy to

From SHANE MOFFETT

If enclosures are not as noted kindly notify us at once.

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/05/2007
PRODUCER (207)781-3519 Bradish-Young Insurance 202 U.S. Route One, Box 360 Forside Place Falmouth, ME 04105	FAX (207)781-3907	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 OGH Realty Associates C/O Beverly Neugelauger 1601 Congress Street Portland, ME 04102-2102		
		INSURERS AFFORDING COVERAGE
		INSURER A: Peerless / Liberty Mutual
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		NAIC #

COVERAGES

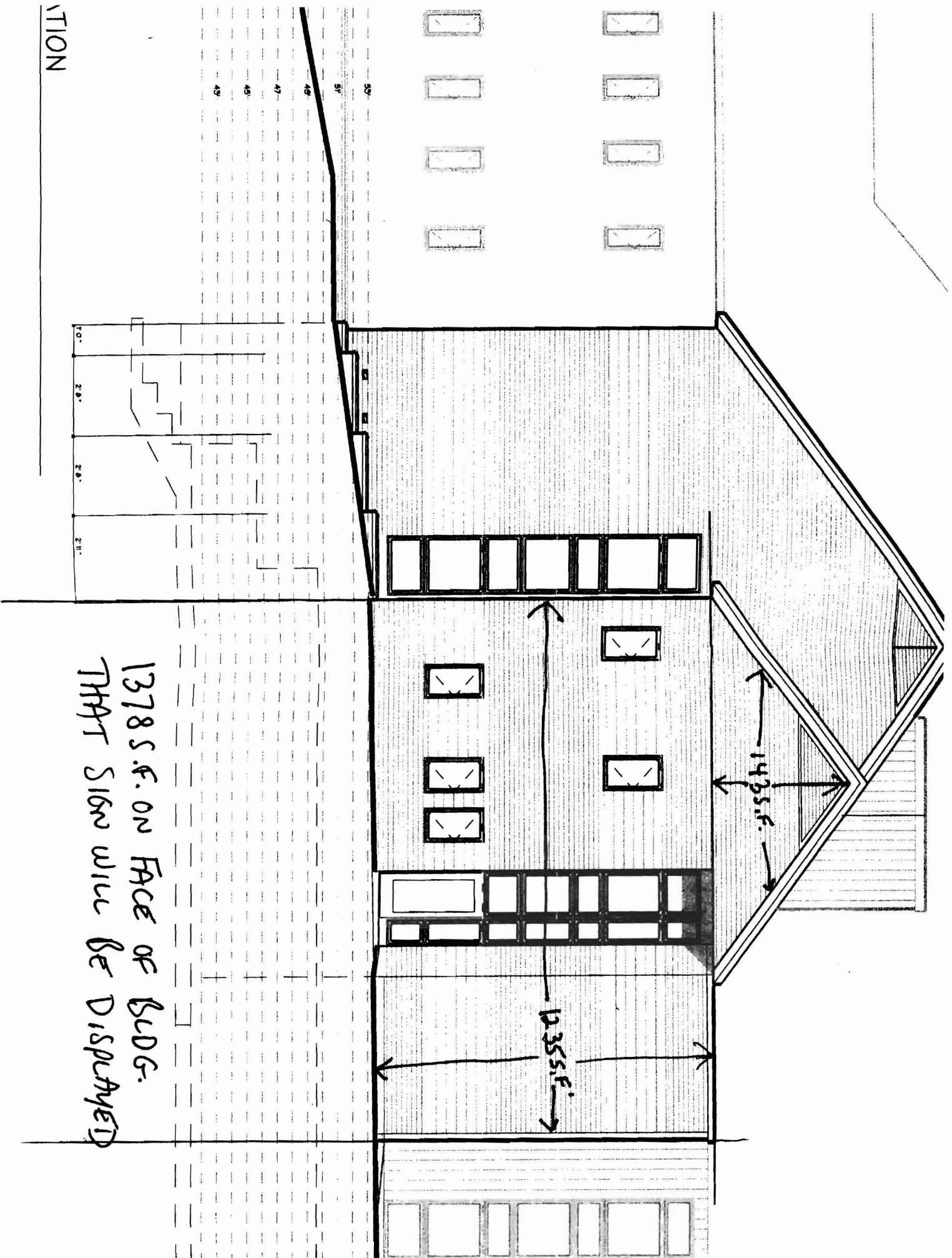
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BOP8184567	09/01/2006	09/01/2007	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

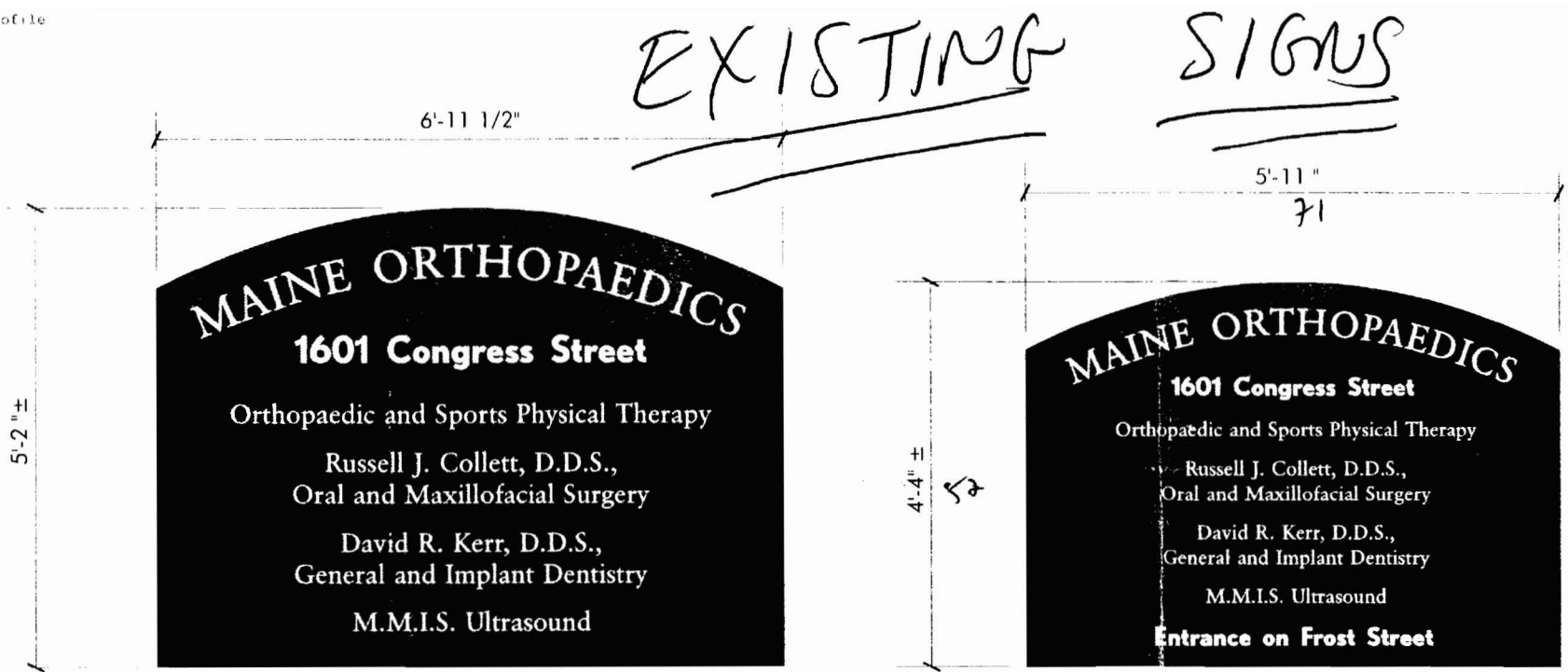
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The certificate holder is named additional insured ATIMA regarding the insured's sign.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress St Portland, ME 04101	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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE Susan Donovan/SUSAND <i>Susan M. Donovan</i>



ATION



36 S.F. ON CONGRESS ST.

26 S.F. ON FROST ST.
NON-REFLECTIVE

New Vinyl Copy for Existing Sign (Layout Option A)

Scale: 1/2" = 1'-0" (1) set required

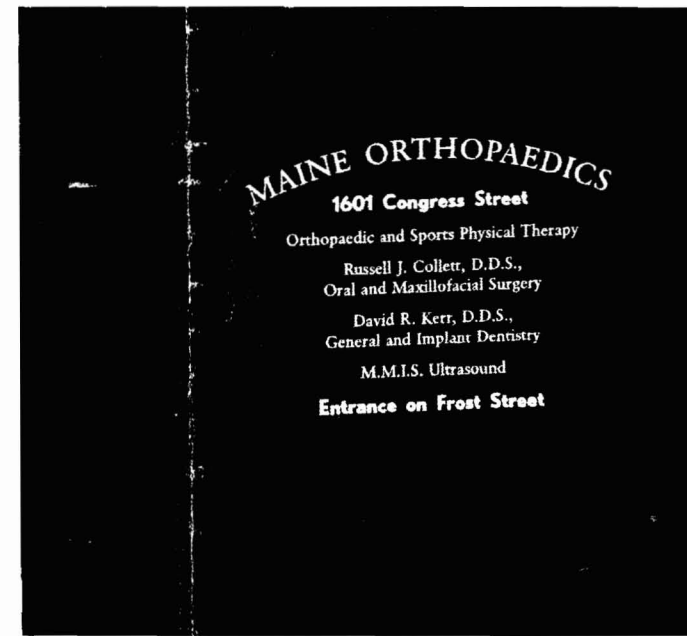
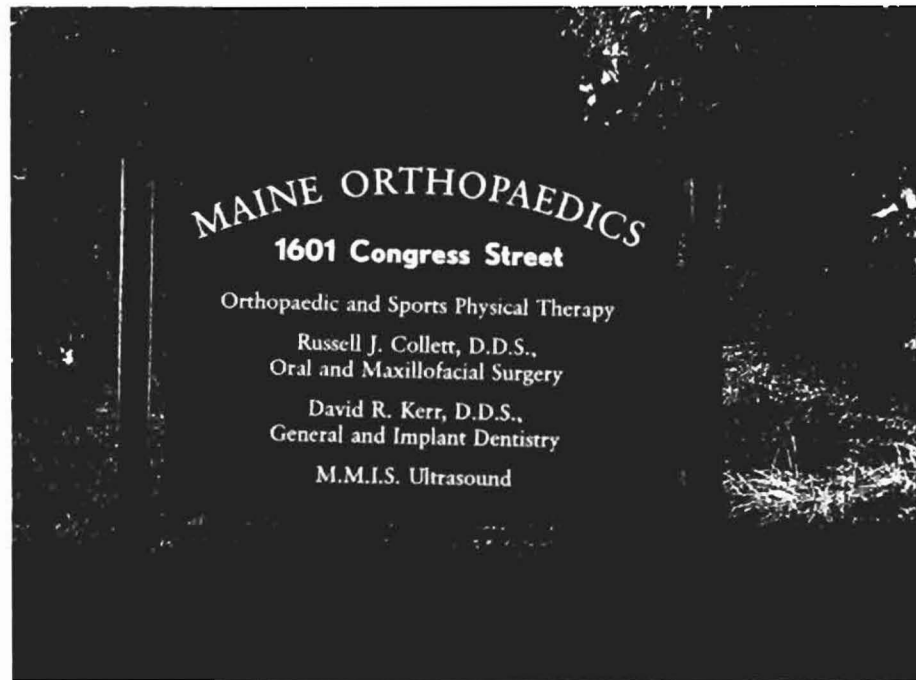
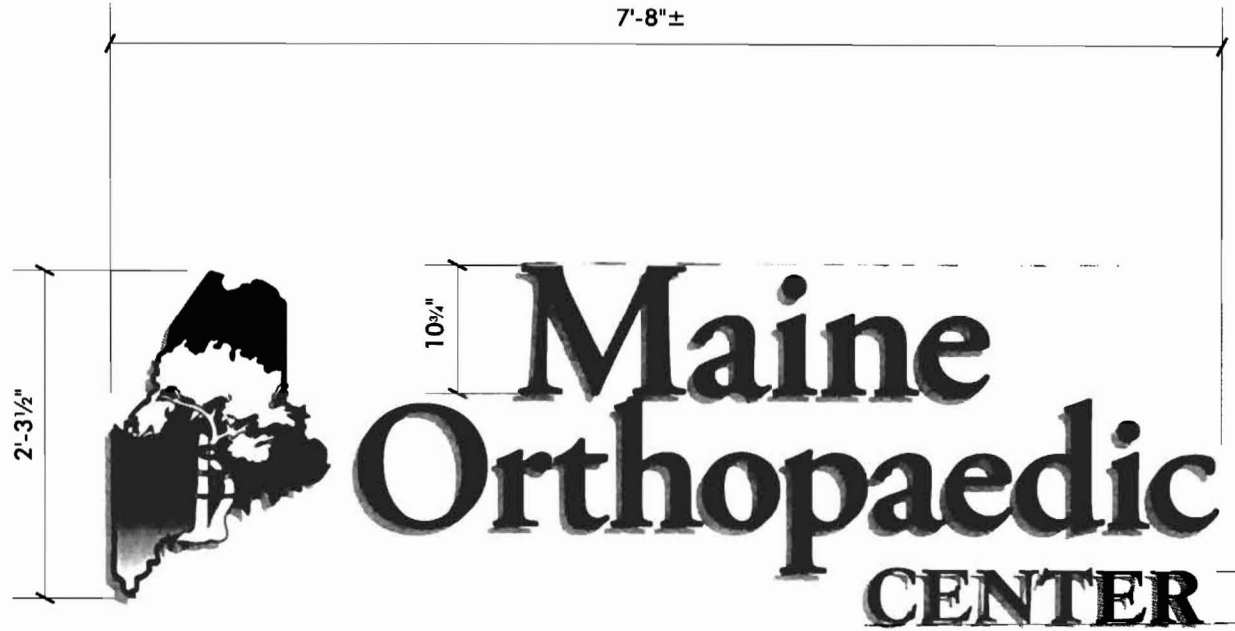


Photo Composites

Not to Scale



END VIEW

ACRYLIC WALL GRAPHICS

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

(1) REQUIRED

1/2" AND 3/4" THICK ACRYLIC
COBALT BLUE TRANS VINYL

STATE LOGO PAINTED TO A
DURACHROME PRINTED VINYL

3/4" THICK, "MAINE ORTHO"
1/2" THICK, "STATE LOGO" A



INSTALLATION LOCATION

SOUTH ELEVATION