

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT SECTION

Permit Number: 031258

This is to certify that City Of Portland/NeoKraft S
has permission to replacement of existing sign on 238A 008 plus additional sign on 238A-A003
AT 3 Hutchins Dr 238A A008001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the 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 permit is in process before this building or part thereof is leased or closed-in. 24 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

[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: 03-1258	Issue Date:	CBL: 238A A008001
-----------------------	-------------	----------------------

Location of Construction: 3 Hutchins Dr	Owner Name: City Of Portland	Owner Address: 389 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: IM

Past Use: Portland Water District water main land plus lot 238A-A-003	Proposed Use: PWD water main land w/replacement of existing signage on 238A-A008 plus additional sign on 238A-A003	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: replacement of existing signage on 238A-A008 plus additional sign on 238A-A003		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: N/A 11/3/03 Signature: [Signature]	
		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: kwd	Date Applied For: 10/07/2003	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 <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:	Zoning Appeal <input type="checkbox"/> Variance <input checked="" 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 checked="" 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:
---	--	---

Handwritten notes in Special Zone: TO D.A. under Section 14-368.5 in special unique circumstances

approved under Sec. 14-368.5 D. Andrews 10/29/03

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

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: 123 Andover Road 03 1258		
Total Square Footage of Proposed Structure 85,000 sf (under construction)	Square Footage of Lot 33.7 acres Frontage: 60' Spring Harbor, 1000'+ PWD	
Tax Assessor's Chart, Block & Lot Chart# 239A Block# 1 Lot# 1& 238A - A - 008 239A A003	Owner: Spring Harbor Hospital Portland Water District 238A A 8	Telephone: 761-2200 774-5961
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Spring Harbor Hospital 175 Running Hill Road South Portland, Maine 04106	Total s.f. of signage x \$2.00 per s.f. plus \$30.00 = Total Fee: \$ <u>170.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
<p>Current use: Hospital Hospital Land replacement of a 35 sf Stroudwater Estates Sign on vacant Portland Water District force main land.</p> <p>If the location is currently vacant, what was prior use: Undeveloped Land</p> <p>Approximately how long has it been vacant: _____</p> <p>Proposed use: Hospital Hospital with 2 entrance signs (see attached site location maps)</p> <p>Project description: Construct 1 new entrance sign on property, and replace existing Stroudwater Estates sign (see photo) with proposed Spring Harbor Hospital/ Stroudwater Estates Sign (see rendering).</p>		
<p>Contractor's name, address & telephone: Neocraft, 686 Main Street, Lewiston, Maine 04240, 782-9654</p> <p>Who should we contact when the permit is ready: Barry J. Hosmer (Agent for Spring Harbor Hospital) Mailing address: 196 Whitney Avenue, Portland, Maine, 04102, 874-0248 (phone/ fax)</p> <p>We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:</p>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>10/7/03</u>
-------------------------	----------------------

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



SPRING HARBOR *Hospital*

Maine's Mental Health Network

September 19, 2003

Barry Hosmer
Landscape Architect
196 Whitney Avenue
Portland, ME 04102

Dear Barry:

As we discussed on the phone yesterday, I hereby authorize you to act on Spring Harbor's behalf in completing and signing our City of Portland sign permit application.

I have contacted MaineHealth's Julie Bernier for two copies of our certificate of liability insurance, with the City of Portland listed as additional insured. I have given Julie your address so that she can send these directly to you as soon as possible. If you have not received anything from her by the middle of next week, please give me a call at 761-2292.

Thank you for your assistance with this project. You have been--and continue to be--most helpful!

Sincerely,

Gail Jones Wilkerson
Chief of Communications & Marketing

/gjw

cc: Marshall Bartlett



225 Douglass St. • P.O. Box 3553 • Portland, ME 04104-3553

(207) 774-5961
FAX (207) 761-8329
www.pwd.org

June 9, 2003

Alexandra Heseltine
Spring Harbor Hospital
125 Running Hill Road
South Portland, Maine 04106

Re: Sign at Intersection of Congress Street and Hutchins Drive

Dear Alexandra:

Per our phone conversation last week, this letter is to clarify the issue of signage located on PWD land at Hutchins Drive. If you are able to modify the existing sign at the intersection without relocating or expanding the base of the sign, no further permissions from the District will be required.

If you find that you have to erect a completely new sign or expand the base or relocate the existing sign, then we would need to work out a lease or easement agreement under our Land Disposition Policy. To begin, we would need a letter requesting permission to erect a new sign. We would need a plan sketch showing the location of the sign in relation to our property and our 42" water line that runs through the property. I can supply you with plans if you decide to go this route. We would then need to negotiate a lease or easement arrangement satisfactory to staff to present to the Board of Trustees for its approval. The agreement would include a reasonable lease or easement payment. Part of the Trustee approval process would be to notify all landowners within 500 feet of the property of the Trustee's proposed vote. Depending on when you submit your request, the process could take up to two months to complete.

The other possible options would be to locate the new sign within the limits of Hutchins Drive or on the opposite side of the street.

Hopefully I have answered all your questions. If you have any further questions or need anything further, do not hesitate to call me at 774-5961 ext. 3057.

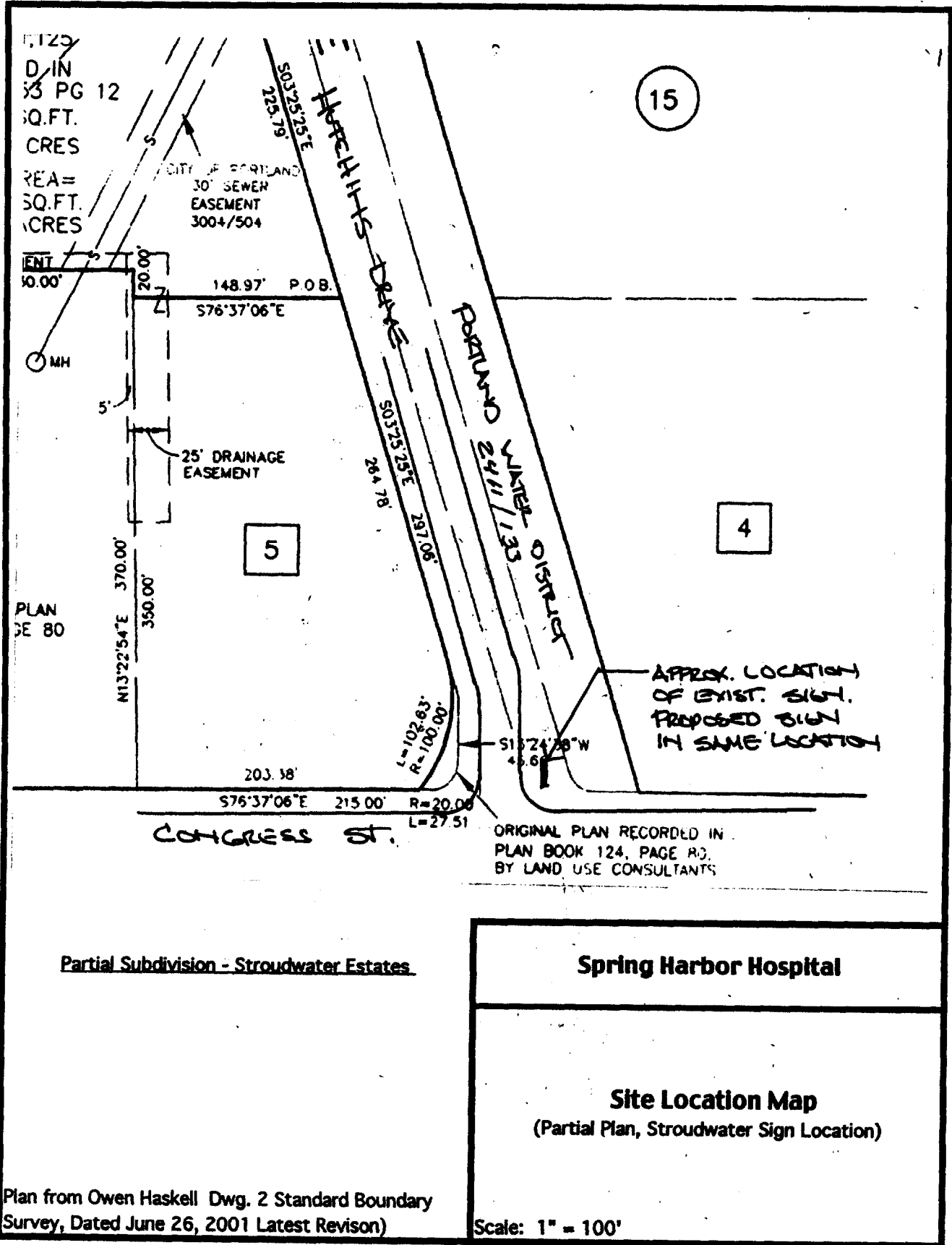
Sincerely yours,

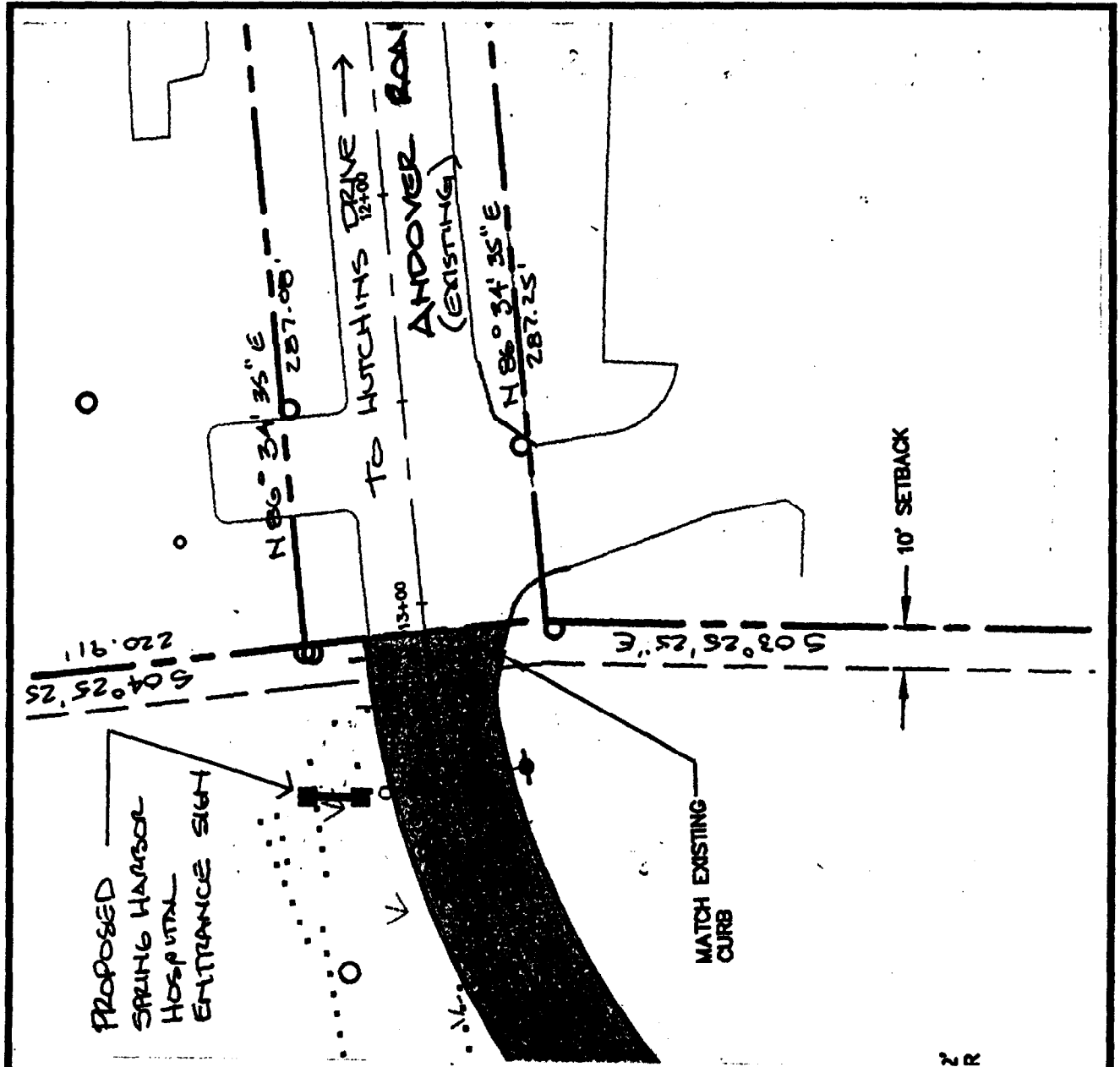
PORTLAND WATER DISTRICT

Norman V. Twaddel
Right of Way Agent

2001 Governor's Award for Environmental Excellence

Recycled Paper





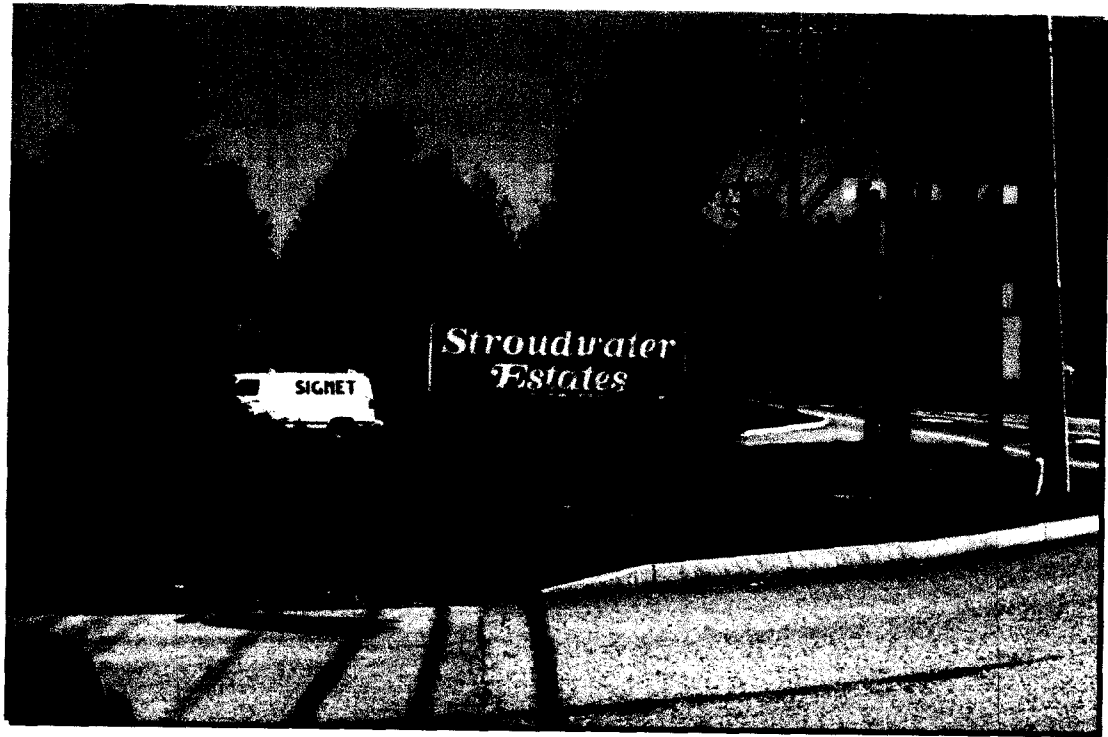
Partial Existing/ Proposed Road Plan

Spring Harbor Hospital

Site Location Map
(Partial Plan, Entrance Sign Location)

Plan from Gorrill Palmer Dwg. C-5 as approved by the City of Portland, Dated May 15, 2002

Scale: 1" = 40'



Spring Harbor Hospital

**Existing Sign
Stroudwater Estates**

Photograph: 9/22/03

Barry J. Hosmer, ASLA
Landscape Architect

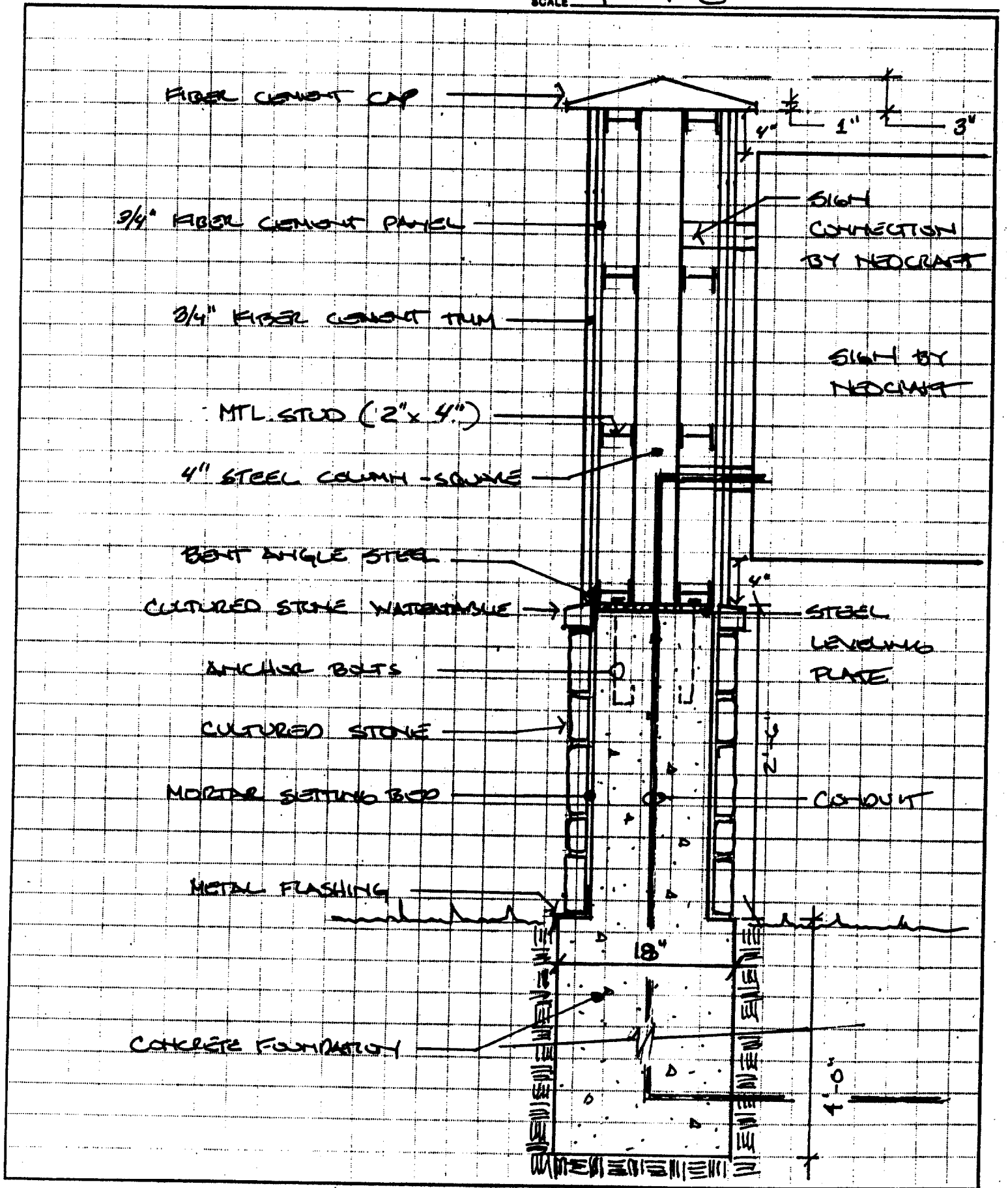
JOB 0112A - SIGN POST DETAIL

SHEET NO. 1 OF 2

CALCULATED BY BJA DATE 9/22/03

CHECKED BY _____ DATE _____

SCALE 1" = 1'-0"



Barry J. Hosmer, ASLA
Landscape Architect

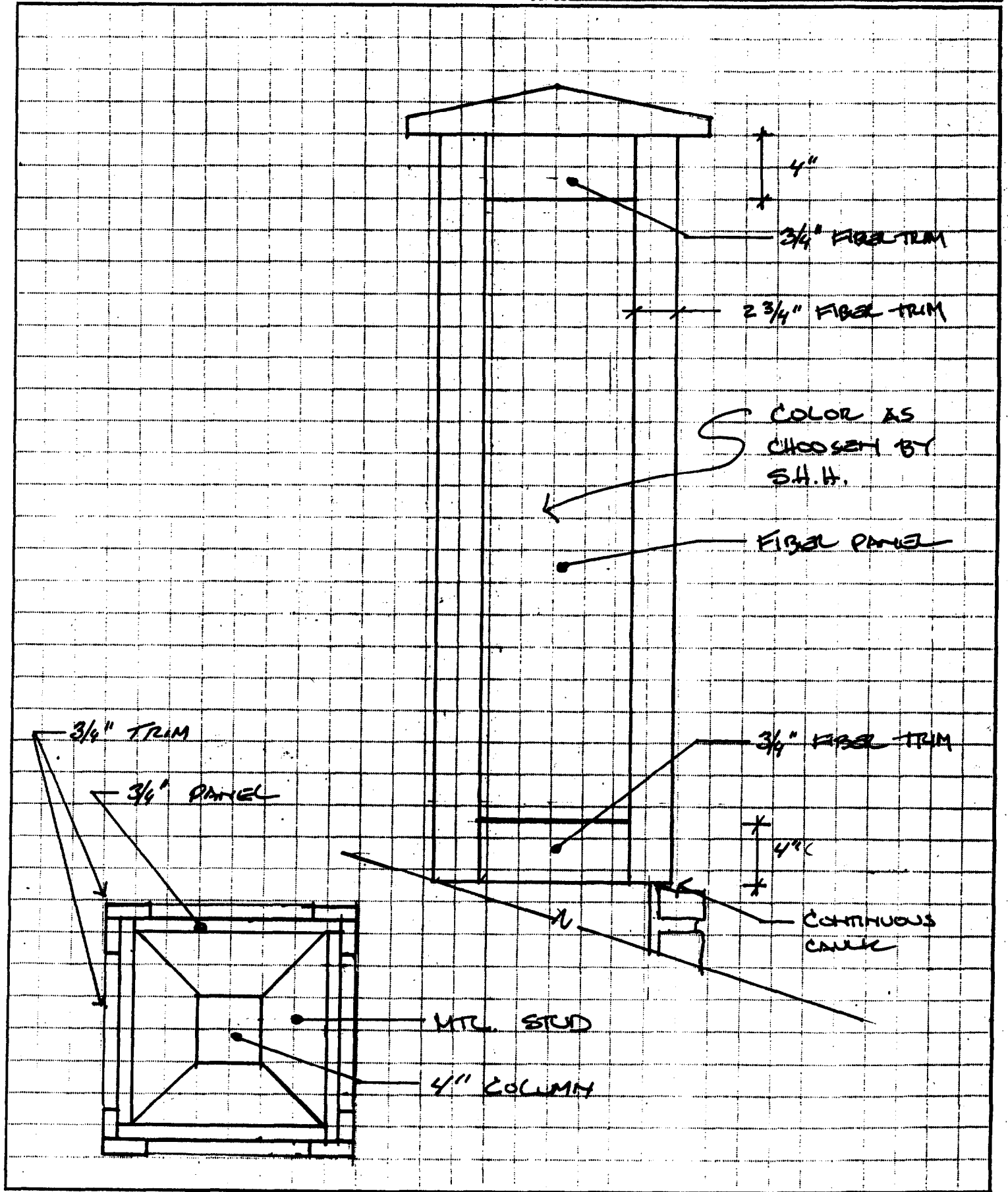
JOB 0112A - SIGN POST DETAIL

SHEET NO. 2 OF 2

CALCULATED BY BJH DATE 9/22/03

CHECKED BY _____ DATE _____

SCALE 1 1/2" = 1'-0"



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/18/2003

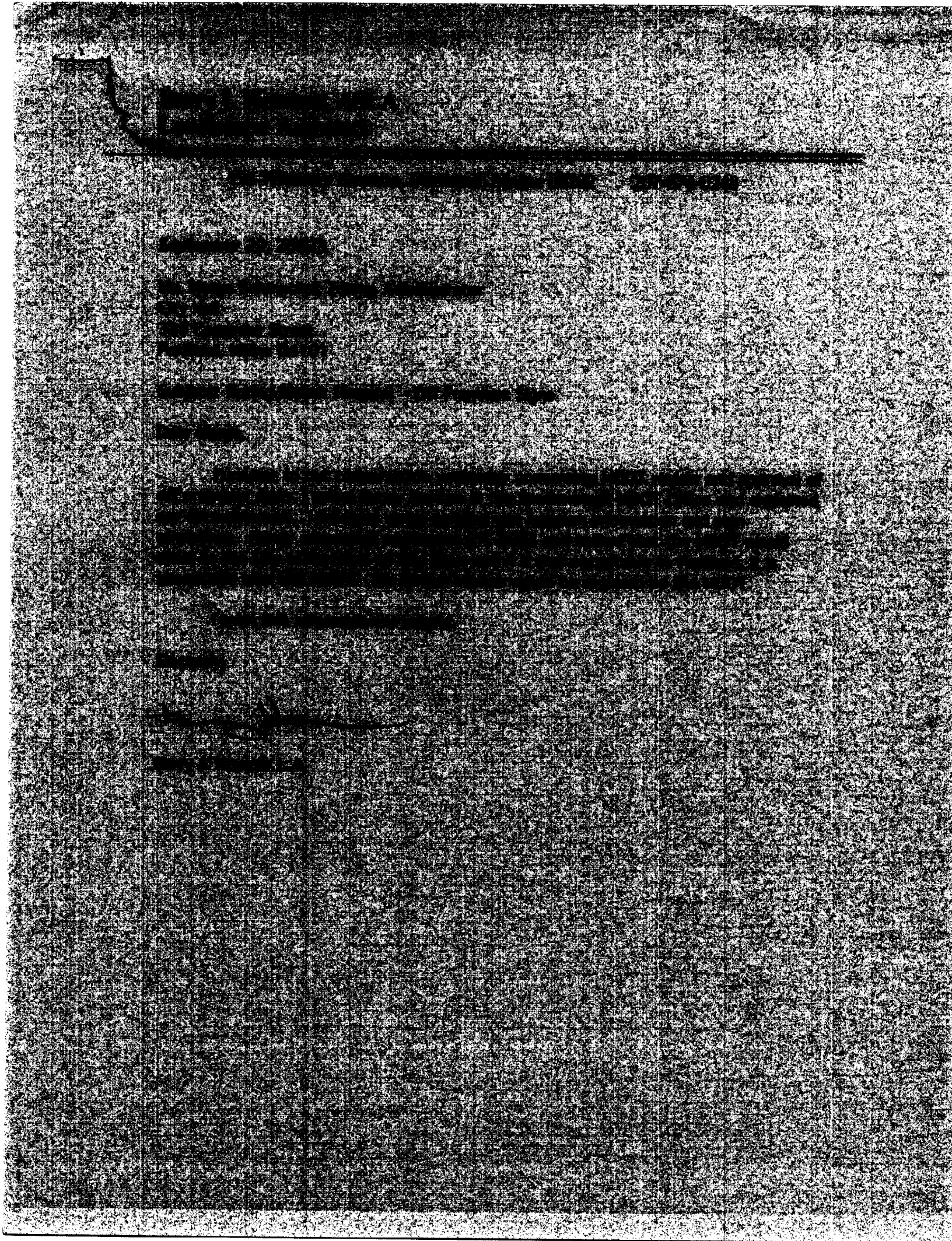
PRODUCER MEDICAL MUTUAL INS. CO. OF MAINE ONE CITY CENTER, PO BOX 15275 PORTLAND, ME 04112-5275	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED MAINEHEALTH/SPRING HARBOR HOSPITAL 175 RUNNING HILL ROAD SOUTH PORTLAND, ME 04106	INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE	
	INSURER B:	
	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.

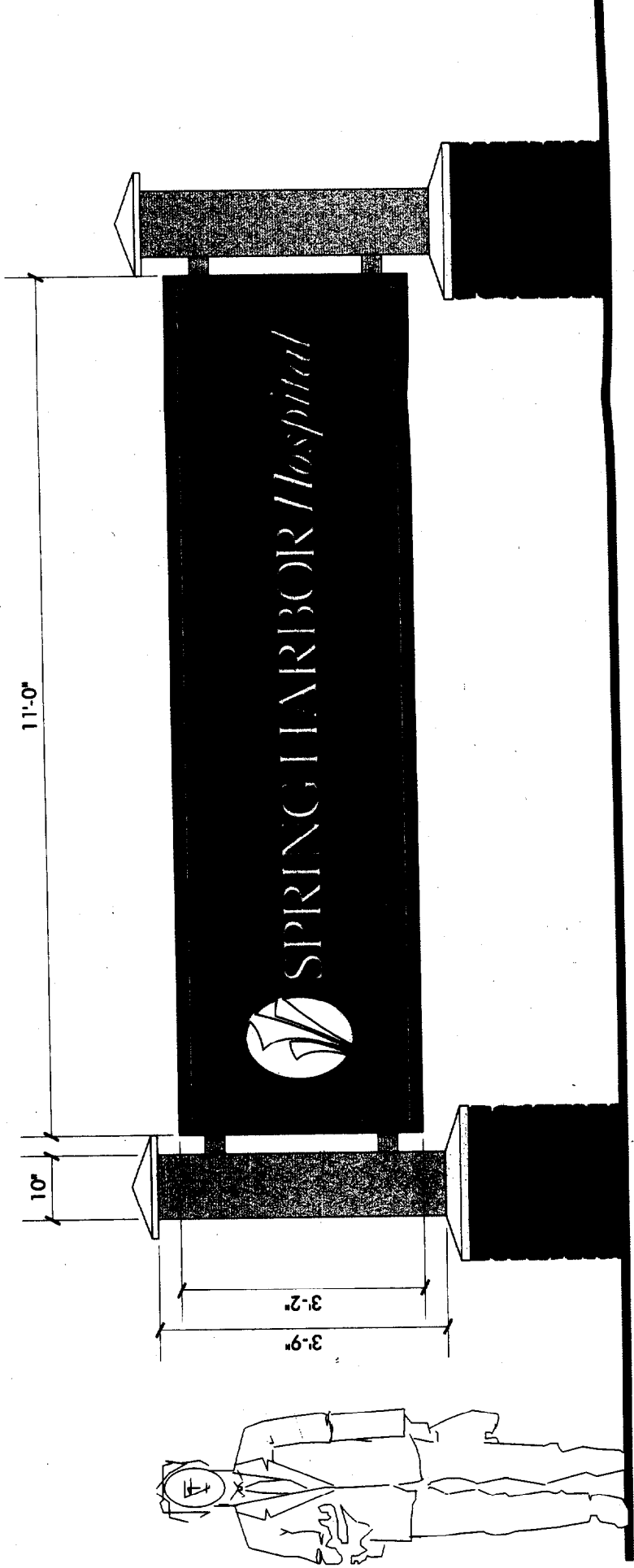
PL	TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CHL 1017C-04	10/01/02	10/01/03	EACH OCCURRENCE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/POP AGG \$ 4,000,000
		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/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
CITY OF PORTLAND IS AN ADDITIONAL INSURED SOLELY WITH RESPECT TO A SIGN PERMIT FOR THE FOLLOWING THREE LOCATIONS: CORNER OF CONGRESS AND HUTCHINS, CORNER OF HUTCHINS AND ANDOVER, AND THE CAMPUS ENTRANCE.

CERTIFICATE HOLDER BARRY HOSMER 196 WHITNEY STREET PORTLAND, ME 04102	CANCELLATION 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>Barry Hosmer</i> RESIDENT
---	--



Color profile: Generic CMYK printer profile
Composite Default screen



SIGN B—SINGLE-FACE INTERNALLY ILLUMINATED GROUND SIGN