

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

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

Permit No: 04-0009	<b>PERMIT ISSUED</b> Issue Date: FEB 19 2004	CBL: 238A A008001
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<b>Location of Construction:</b> 3 Hutchins Dr	<b>Owner Name:</b> City Of Portland	<b>Owner Address:</b> 389 Congress St CITY OF PORTLAND	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone:</b> 2077829654
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a		<b>Zone:</b> 1M

<b>Past Use:</b> Portland Water District water main land plus lot 238A-A-003	<b>Proposed Use:</b> PWD water main land w/replacement of signage; Amendment to permit # 031258, revising both signs from 35 sq. Ft. to 28.6 sq. Ft.	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> Amendment to permit # 031258; revising both signs from 38 sq. Ft. To 28.6 sq. Ft.		<input type="checkbox"/> Denied Use Group: <i>U Sign</i> Type: <i>N/A</i> Signature: <i>[Signature]</i> Date: <i>2/18/04</i>		
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 01/26/2004	<b>Zoning Approval</b>		
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1. This permit application does not 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..	<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"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>2/2/04</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 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: _____
	<i>TO DA under section 1A - 368.5 for special &amp; unique circumstances 2/2/04</i>		

*ste under site plan exception 2/4/04 D. Andrews*

**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

3/4/05 - all work has been completed  
and appears to meet conditions of the  
permit. JRM

Closed

CBC # 238AA8001  
permit # 04-0069

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

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

<b>Permit No:</b> 04-0069	<b>Date Applied For:</b> 01/26/2004	<b>CBL:</b> 238A A008001
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<b>Location of Construction:</b> 3 Hutchins Dr	<b>Owner Name:</b> City Of Portland	<b>Owner Address:</b> 389 Congress St	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone</b> (207) 782-9654
<b>Lessee/Buyer's Name</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Amendment to Commercial	

<b>Proposed Use:</b> PWD water main land w/replacement of signage; Amendment to permit # 031258, revising both signs from 35 sq. Ft. to 28.6 sq. Ft.	<b>Proposed Project Description:</b> Amendment to permit # 031258; revising both signs from 38 sq. Ft. To 28.6 sq. Ft.
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**Dept:** Historical      **Status:** Not Applicable      **Reviewer:** Deborah Andrews      **Approval Date:** 02/06/2004  
**Note:**      **Ok to Issue:**

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 02/02/2004  
**Note:** revised approved signs to smaller - gave permit to D. A. for review & approvals      **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 02/18/2004  
**Note:**      **Ok to Issue:**

**Dept:** Fire      **Status:** Approved      **Reviewer:** Lt. MacDougal      **Approval Date:** 02/09/2004

0004 0069

# Amended 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.

Total Square Footage of Proposed Structure 85,000 sf (under construction)		Square Footage of Lot 33.7 acres Frontage: 60' Spring Harbor, 1000'+ PWD/ City of Portland
Tax Assessor's Chart, Block & Lot Chart# 238A Block# A Lot# 003	Owner: Spring Harbor Hospital Portland Water District 238A A 008	Telephone: 761-2200 774-5961
Lessee/Buyer's Name (If Applicable) <i>338 A A 00</i>	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: \$ _Amendment Fee \$30.00 Awning Fee = Cost Of Work \$ _____ Total Fee: \$ <u>30.00</u>
<p>Current use: New Construction of an 85,000 sf hospital and replacement of a 35 sf Stroudwater Estates Sign on vacant Portland Water District/ city of Portland 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: _____ <i>amendment to</i></p> <p>Proposed use: Hospital with 2 entrance signs (see attached site location maps) <i>permit # 031258</i></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 amended renderings, both signs sizes revised from 35 sf to 28.6 sf, the support columns remain the same ).</p>		
<p>Contractor's name, address &amp; 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)</p> <p>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: <i>[Signature]</i>	Date: <i>1/26/04</i>
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Barry J. Hosmer - Landscape Architect  
196 Whitney Avenue  
Portland, Maine 04102  
207-874-0248 tele/fax

## Transmittal

To: Marge Schmuckel, Zoning Administrator ( Hand Delivered)

From: Barry Hosmer

Subject: Amended Signage Permit Application: Spring Harbor Hospital

Date: January <sup>20</sup>~~23~~, 2004

Enclosed please find the following:

Spring Harbor Application:

- a. Application
- b. \$30 Amended Application Fee
- c. Agent Authorization
- d. Portland Water District Permission
- e. Site Plan Map (2)
- f. Existing Sign Photo
- g. Proposed Sign Renderings (4)
- h. Sign Post Details (2 drawings)
- i. Certificate of Liability



# SPRINGHARBOR *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.

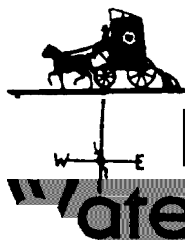
Thank you for your assistance with this project. You have been--and continue to be--most helpful!

Sincerely,

Gail Jones Wilkerson  
Chief of Communications & Marketing

/gjw

cc: Marshall Bartlett



# Portland Water District

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,

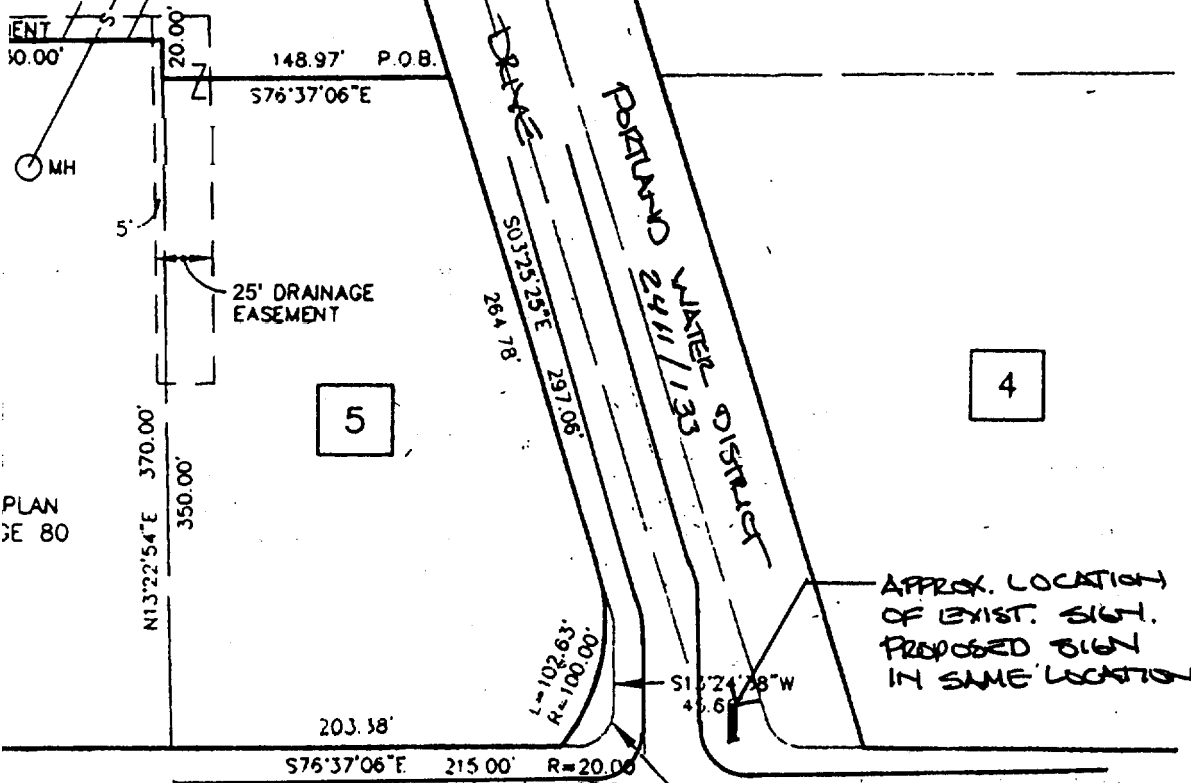
PORTLAND WATER DISTRICT

Norman V. Twaddel  
Right of Way Agent

2001 Governor's Award for Environmental Excellence

1,129  
D. IN  
33 PG 12  
10,000 SQ. FT.  
CRES  
AREA =  
50,000 SQ. FT.  
CRES

15



5

4

APPROX. LOCATION  
OF EXIST. SIGN.  
PROPOSED SIGN  
IN SAME LOCATION

CONGRESS ST.

ORIGINAL PLAN RECORDED IN  
PLAN BOOK 124, PAGE 10.  
BY LAND USE CONSULTANTS

Partial Subdivision - Stroudwater Estates

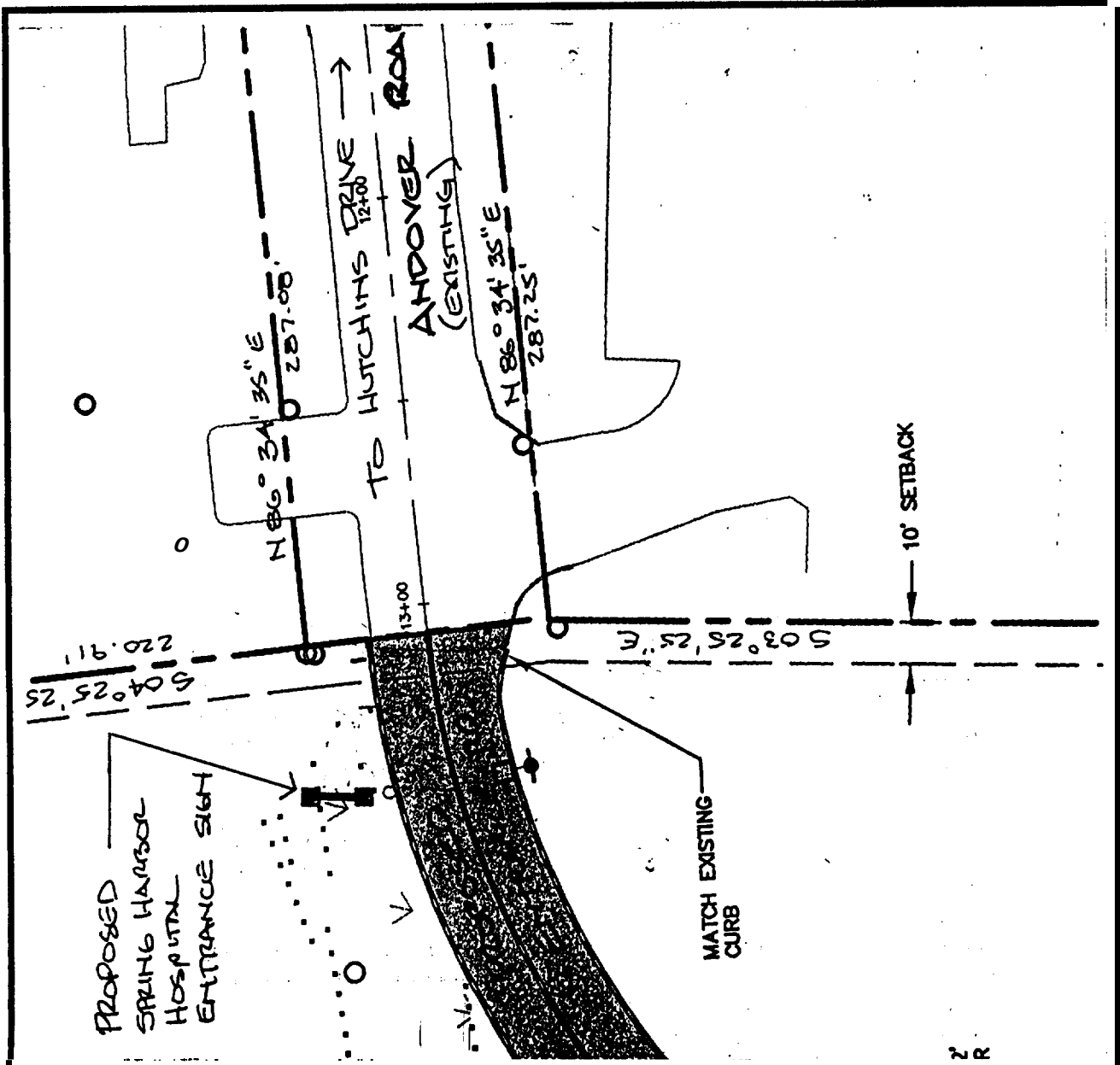
Spring Harbor Hospital

Site Location Map  
(Partial Plan, Stroudwater Sign Location)

Plan from Owen Haskell Dwg. 2 Standard Boundary  
Survey. Dated June 26, 2001 Latest Revision)

Scale: 1" = 100'





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'



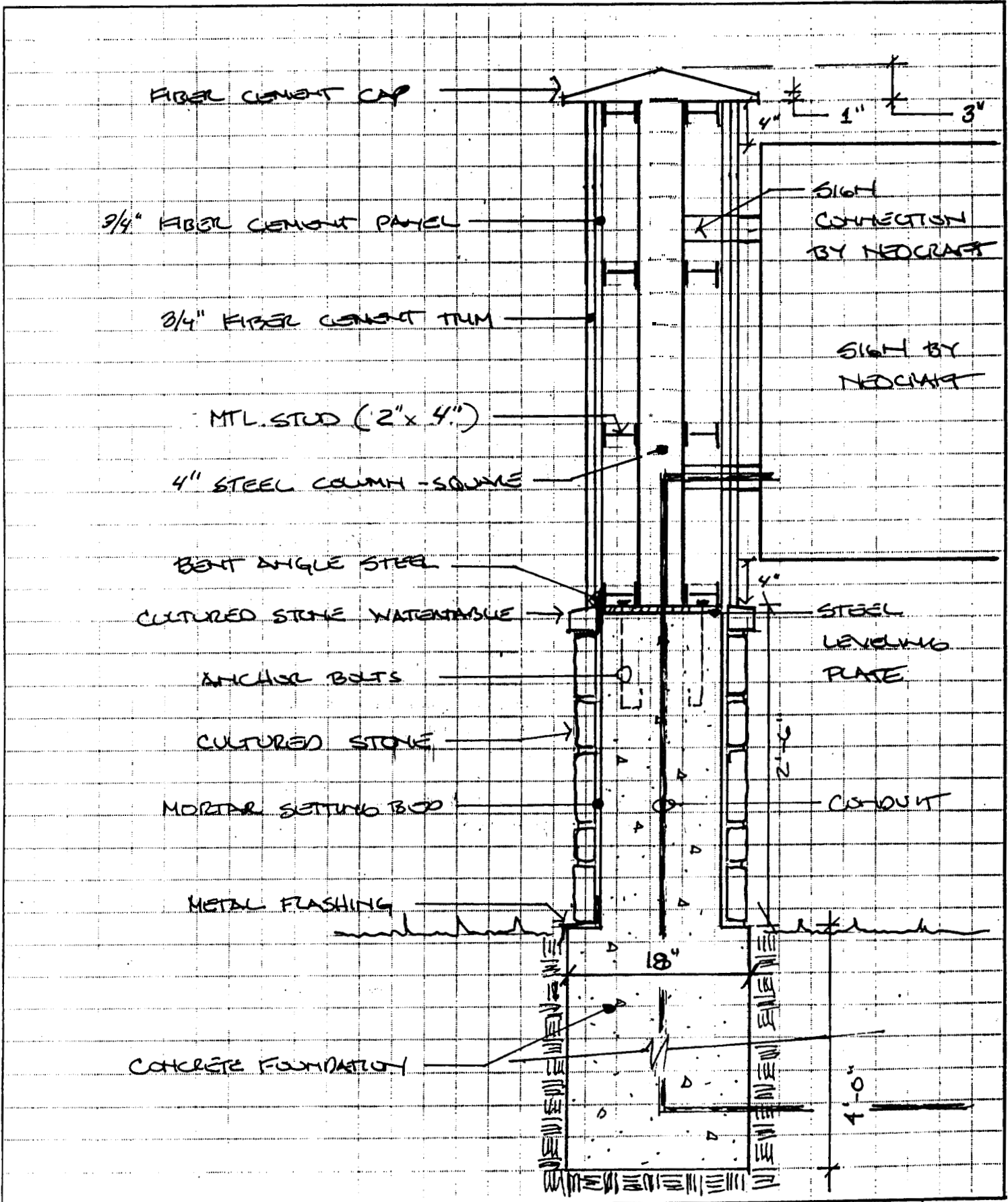
**Spring Harbor Hospital**

**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 BJH DATE 9/22/03  
CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_  
SCALE 1" = 1'-0"



Barry J. Hosmer, ASLA  
Landscape Architect

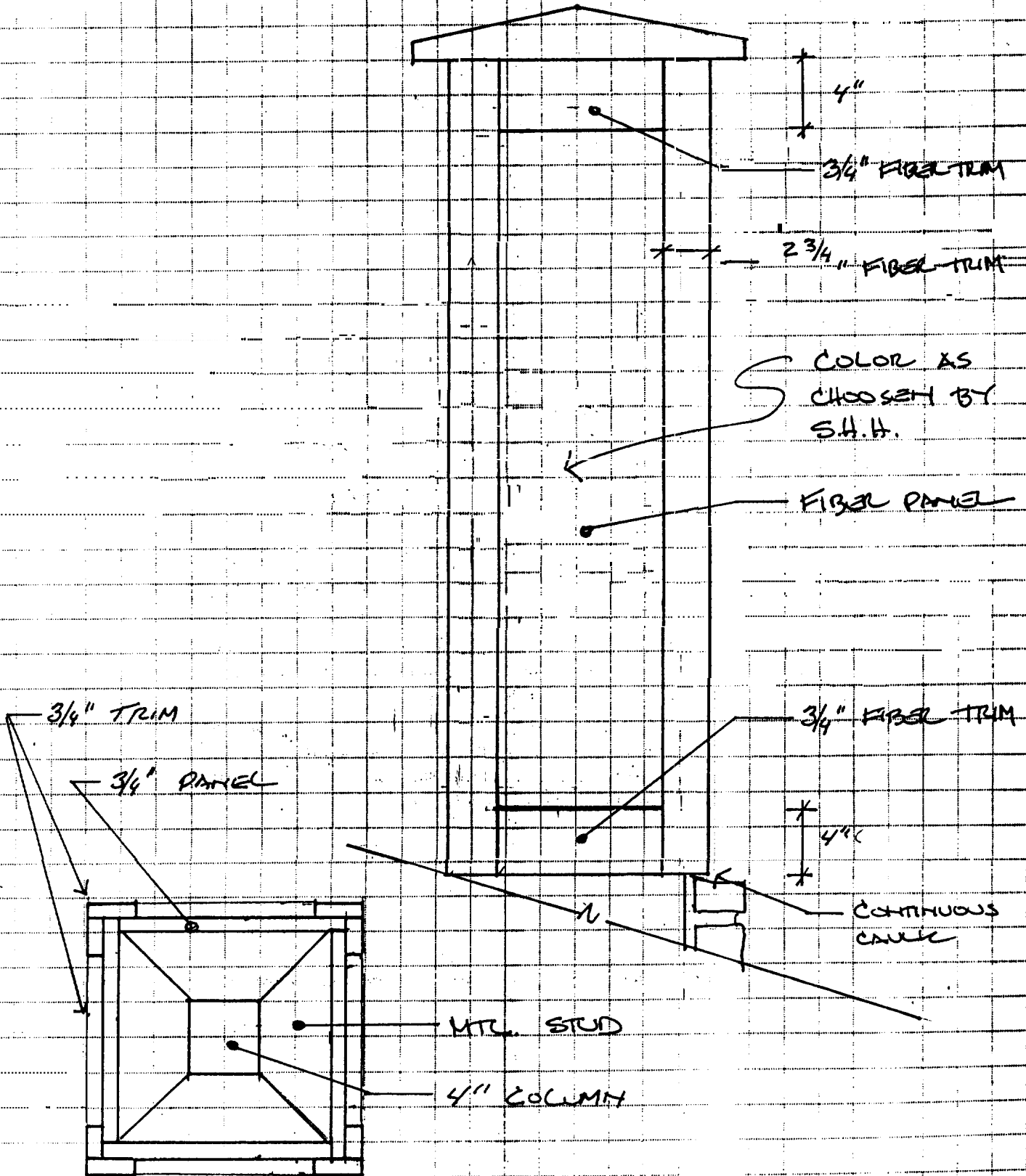
JOB 0112A - SIGN POST DETAIL

SHEET NO. 2 OF 2

CALCULATED BY B.J.H. 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH REDUCED BY PAID CLAIMS.

SR TR	ADD'L NSRD	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 CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	CHL 1017C-04	10101102	10101103	EACH OCCURRENCE \$ 2,000,000
		GENL 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 - COMP/OP AGG \$ 4,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea 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 \$ \$ \$ \$
		WORKERS 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

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 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>Barry Hosmer</i>

**Barry J. Hosmer - Landscape Architect  
196 Whitney Avenue  
Portland, Maine 04102  
207-874-0248 Tele/Fax**

**Fax Transmittal**

**Number of Pages (Including Cover) 2**

**To: Gayle Building Inspections**

**From: Barry Hosmer**

**Subject: Original Permit Number #031258**

**Date: January 26, 2004**

**Dear Gayle,**

***Attached please find a copy of the building permit for the Spring Harbor Hospital signs, dated November 5, 2003. Today I submitted an amendment to this application and you had a question on the original permit number which is listed above. Should you have any further questions, please feel free to call.***

**Barry**