

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

BU **PERMIT** ION

Permit Number: 090634

Please Read Application And Notes, If Any, Attached

This is to certify that City of Portland  
CBS REALTY LLC/NeoKraft ns

has permission to Spring Harbor Hospital - Replace sign panels "2" x 9"

AT 3 Hutchins Dr CB 238A A008001

provided that the person or persons, firm or corporation accounting for 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 written permission procured before this building or part thereof is lath or other work is done-in. 24 HOURS 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]*  
CITY OF PORTLAND  
Director - Building & Inspection Services  
6/24/09

**PENALTY FOR REMOVING THIS CARD**

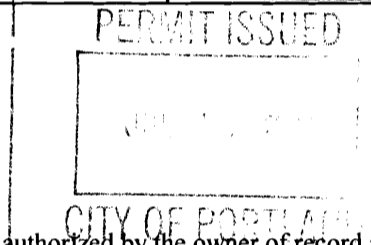
**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0634	Issue Date: <i>6/24/09</i>	CBL: 238A A008001
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Location of Construction: 3 Hutchins Dr	Owner Name: <del>CBS REALTY LLC</del> <i>City of Portland</i>	Owner Address: <del>10 ANDOVER RD</del> <i>389 Congress St.</i>	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: <i>IM</i>

Past Use: Commercial - Spring Harbor Hospital	Proposed Use: Commercial - Spring Harbor Hospital - Corner of Congress St. & Hutchins Drive - Replace sign panel - 3'2" x 9' 1/2"	Permit Fee: \$88.00	Cost of Work: \$88.00	CEO District: 3
Proposed Project Description: Spring Harbor Hospital - Replace sign panel- 3'2" x 9' 1/2"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Signage</i> <i>IBC-2003</i> Signature: <i>CE 6/24/09</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: Ldobson	Date Applied For: 06/18/2009	<b>Zoning Approval</b>		
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..	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"/> OK Date: <i>6/25/09</i> <i>ABM</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 <i>Ken</i> Date: _____	



**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> 09-0634	<b>Date Applied For:</b> 06/17/2009	<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 Street	<b>Phone:</b>
<b>Business Name:</b>	<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>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Spring Harbor Hospital - Corner of Congress St. & Hutchins Drive - Replace sign panel - 3'2" x 9' 1/2"	<b>Proposed Project Description:</b> Spring Harbor Hospital - Replace sign panel- 3'2" x 9' 1/2"
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 06/25/2009  
**Note:** Original sign was approved under permit #03-1258 & amended under permit #04-0069. The proposed panel replacement is the same size as the panel in permit #04-0069. **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Chris Hanson      **Approval Date:** 06/26/2009  
**Note:** **Ok to Issue:**   
 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date



# Signage/Awning Permit Application

Sign B

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>Corner of Congress St. &amp; Hutchins Drive</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>238</u> Block# <u>AB</u> Lot# <u>4</u>	Owner: <u>Spring Harbor Hospital</u> <u>123 Anderson Rd.</u> <u>Westbrook, ME 04092</u>	Telephone: <u>207-761-2200</u>
Lessee/Buyer's Name (If Applicable) <u>Spring Harbor Hospital</u>	Contractor name, address & telephone: <u>Neckraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>28.75</u> sq. ft. Fee: <u>\$88.00</u> Awning Fee= cost of work <u>    </u> Total Fee: <u>\$88.00</u>
Who should we contact when the permit is ready: <u>Shane Maffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: <u>    </u> Height: <u>    </u> Lot Frontage (feet) <u>    </u> Single Tenant or Multi Tenant Lot <u>    </u>		
Current Specific use: <u>hospital</u> If vacant, what was prior use: <u>    </u> Proposed Use: <u>    </u>		
Information on proposed sign(s): <b>★ Replacement Sign Faces Only</b> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>3'-2" x 9'-0 1/2"</u> Height from grade: <u>6' ±</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>    </u>		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: <u>    </u> Length of awning: <u>    </u> Depth: <u>    </u> Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>    </u> s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>3'-2" x 9'-0 1/2"</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: <u>    </u> Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: <u>    </u>		
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: Shane Maffett Date: 6-16-09

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



## Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage.
- Details for sign fastening, attachment or mounting in the ground.

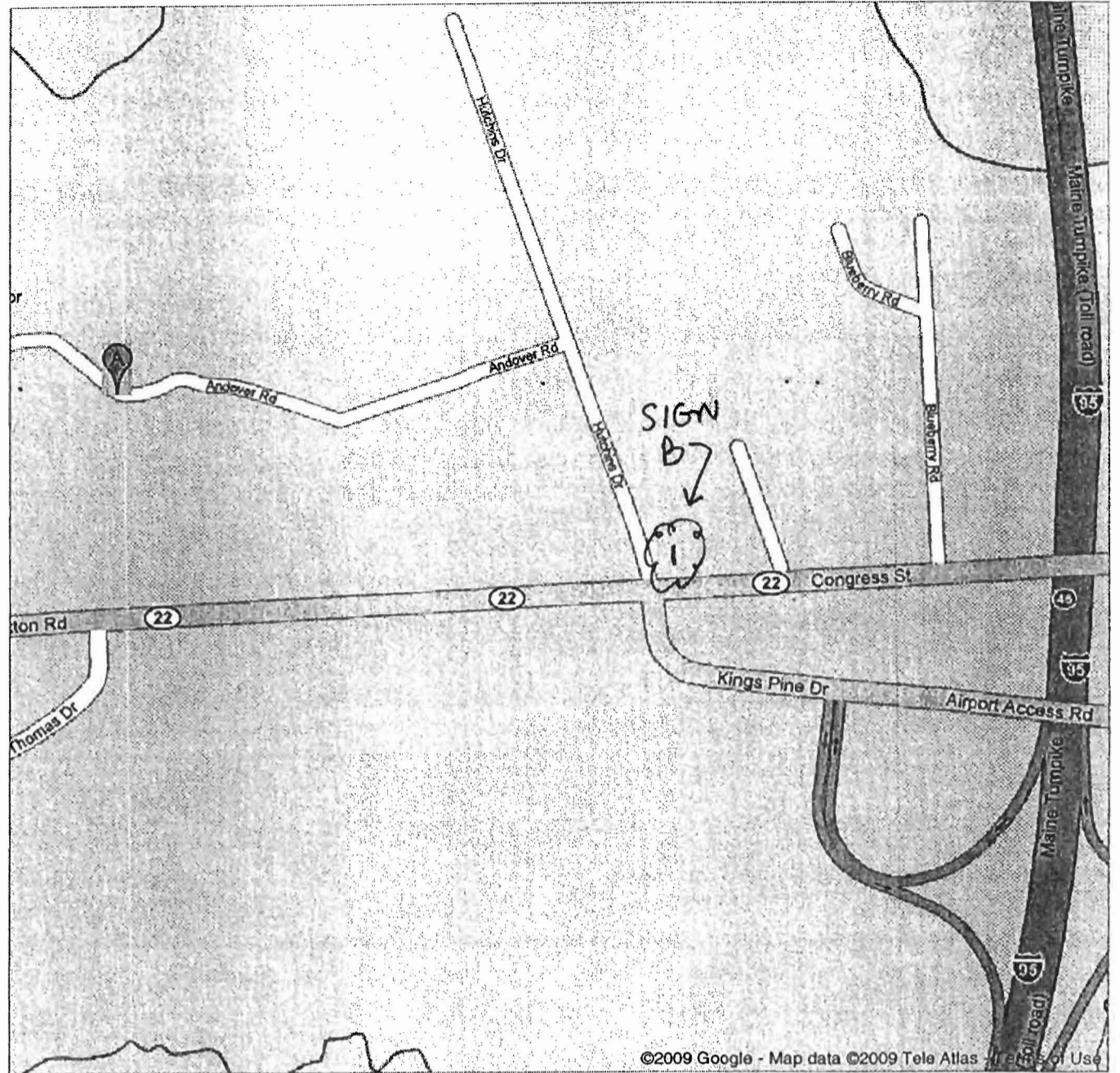
Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:  
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

Google maps Address 123 Andover Rd Westbrook, ME 04092

Get Google Maps on your phone  
Text the word "GMAPS" to 466453





EXISTING SIGN  
EB



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
05/14/2009

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.

INSURED

MAINEHEALTH  
465 CONGRESS STREET  
SUITE 600  
PORTLAND, ME 04101-3537

INSURERS AFFORDING COVERAGE

NAIC#

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 POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

PK	ADD'L INSURD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" 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	ME CHL 000363	10/01/2008	10/01/2009	EACH OCCURRENCE \$ 2,000,000 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
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER				

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

IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO PERMIT FOR THE INSTALLATION OF NEW SPRING HARBOR SIGN PANELS FOR A SIGN LOCATED AT THE CORNER OF CONGRESS STREET AND ANDOVER ROAD IN PORTLAND, ME.

CERTIFICATE HOLDER 10001

CITY OF PORTLAND  
389 CONGRESS STREET  
PORTLAND, ME 04101

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

*Terrance J. Sheehan, M.D.*, PRESIDENT

ACORD 25 (2001/08)

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**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 <i>239A-A-003</i>	Proposed Use: PWD water main land w/replacement of existing signage on 238A-A008 plus additional sign on 238A-A003	Permit Fee: \$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: <i>J</i> Type: <i>NA</i> <i>11/3/03</i>
		Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Signature: <i>[Signature]</i>
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date:

Permit Taken By: kwd	Date Applied For: 10/07/2003	<b>Zoning Approval</b>		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>		<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> <i>to D.A. under Section 14-360.5</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> M Date: <i>10/17/03</i>	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <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:

*→ approved under Sec. 14-360.5 D. Andrews 10/23/03*

**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

**City of Portland, Maine - Building or Use Permit**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 03-1258	<b>Date Applied For:</b> 10/07/2003	<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>	<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>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> PWD water main land w/replacement of existing signage on 238A-A008 plus additional sign on <del>238A-A003</del> 238A-A003	<b>Proposed Project Description:</b> replacement of existing signage on 238A-A008 plus additional sign on <del>238A-A003</del> 238A-A003
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<b>Dept:</b> Historic	<b>Status:</b> Approved	<b>Reviewer:</b> Deborah Andrews	<b>Approval Date:</b> 10/28/2003	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 10/17/2003	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b> 10/17/03 This is only approved based upon the approval and review of Deb A. Under special and unique circumstances of site plan review (section 14-368.5)				
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 11/03/2003	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				

<b>Comments:</b>
10/15/2003-kwd: combined per MES says applicant.
6/25/2009-amachado: Permit was closed under permit 04-0069 which amended this permit.

## 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 <span style="float: right;">031258</span>		
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# 238A-Block# 1 Lot# 1 & 2 <i>238A-1-008</i> <i>239A-100</i>	Owner: Spring Harbor Hospital Portland Water District 238A A B	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: \$ 170.00 Awning Fee = Cost Of Work: \$ Total Fee: \$
Current use: <del>Stroudwater Estates</del> <i>Hospital</i> and replacement of a 35 sf Stroudwater Estates Sign on vacant Portland Water District force main land.		
If the location is currently vacant, what was prior use: Undeveloped Land		
Approximately how long has it been vacant: _____		
Proposed use: <del>Stroudwater Estates</del> <i>Hospital</i> with 2 entrance signs (see attached site location maps)		
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).		
Contractor's name, address & telephone: Neocraft, 686 Main Street, Lewiston, Maine 04240, 782-9654		
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)		
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. <b>A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:</b>		

**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: <i>1/7/03</i>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 04-0069	<b>Issue Date:</b>	<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> 2077829654
<b>Lessee/Buyer's Name</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Amendment to Commercial	<b>Zone:</b>

<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.		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 01/26/2004	<b>Zoning Approval</b>		
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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:

**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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

# 04-0069

<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> 2077829654
<b>Lessee/Buyer's Name</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Amendment to Commercial	<b>Zone:</b>

<b>Dept:</b> Historical	<b>Status:</b> Not Applicable	<b>Reviewer:</b> Deborah Andrews	<b>Approval Date:</b> 02/06/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 02/02/2004
<b>Note:</b> revised approved signs to smaller - gave permit to D. A. for review & approvals			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b>
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Lt. MacDougal	<b>Approval Date:</b> 02/09/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

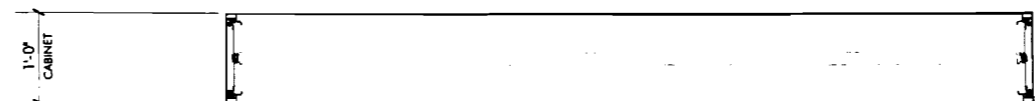
**CERTIFICATION**

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.

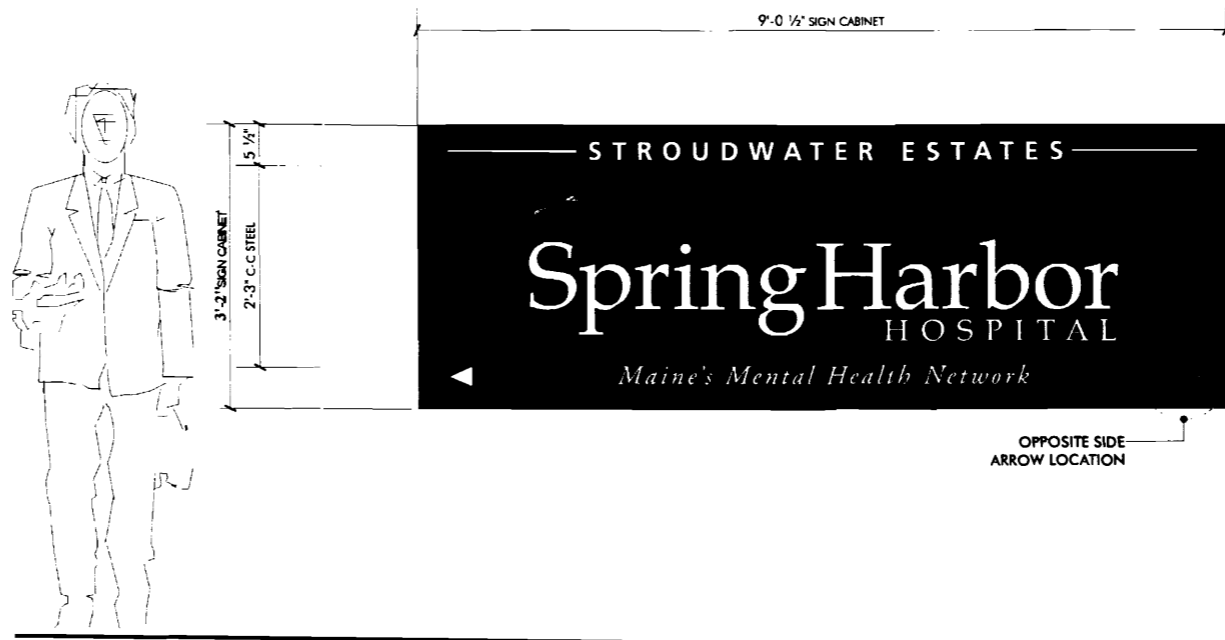
_____ SIGNATURE OF APPLICAN	_____ ADDRESS	_____ DATE	_____ PHO
_____ RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		_____ DATE	_____ PHO

#04-0069

Color profile: Generic CMYK printer profile  
Composite Default screen



PLAN VIEW



- 120V ELECTRICAL FEED BY OWNER
- PHOTOCELL REQUIRED
- SIGNCOMP SERIES 12 CABINET, BLEED RETAINERS, 1/8" ALUMINUM FACES, ROUTED, PAINT TO MATCH PANTONE 561 GREEN
- PUSH-THRU PROJECTING ACRYLIC LOGO; SEE DWG. 4
- PUSH-THRU FLUSH ACRYLIC TEXT; SEE DWG. 4
- PUSH-THRU FLUSH ACRYLIC ARROWS, SIMILAR TO LOGO, NEAR PANTONE 574
- SIGN MOUNTS WITH BOLTS TO STRAPS WITHIN STEEL SQR TUBE ARMS; SEE DWG. 3



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

Custom Sign Fabrication

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**Spring Harbor Hospital 01432**

**FINAL APPROVED DESIGN**

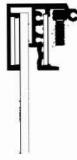
Location: 123 Andover Road  
Portland, ME

Drawing No.: 1 of 6

Drawn by: DS

Date: 01.16.2004

**SIGN A--DOUBLE-FACE INT. ILLUM. GROUND SIGN**  
SCALE: 3/4"=1'-0" (1) REQUIRED

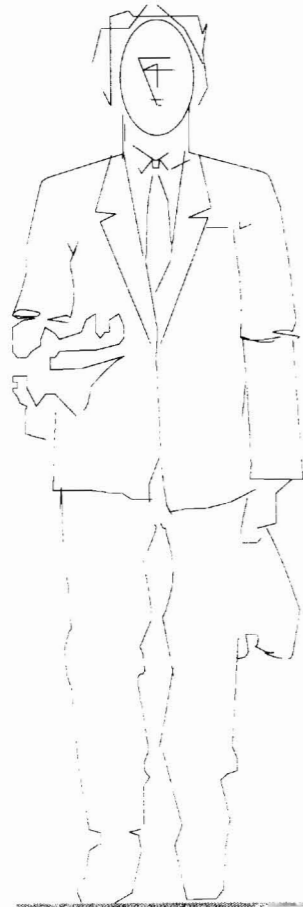


NEW FACE FRAMES (1 3/8" SLIDE RETAINERS [1624], HINGE SCREWS [5280]) FIRMLY AFFIXED TO EXISTING SERIES 12 ARCHITECTURAL ALUMINUM EXTRUSION SIGN BODY [1612] ACCORDING TO MANUFACTURER SPECIFICATION

ENGINEERING DATA: <http://www.signcomp.com>

**MOUNTING DETAIL**

SCALE: 3"=1'-0"



3'-2" SIGN CABINET



OPPOSITE

9'-0 1/2" SIGN CABINET



REMOVE EXISTING FACES AND BLEED RETAINERS, AND REPLACE WITH NEW WHITE LEXAN FACES, DURACHROME PRINTED GRAPHICS AND NEW 1 3/8" SLIDE RETAINERS [SIGNCOMP #1624]

REPLACE LAMPS

PAINT NEW RETAINERS AND REPAINT EXISTING CABINET, SUPPORTS AND POLE COVERS TO MATCH PMS '7499'



**Neokraft**  
S I G N S

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 686 Main Street  
 Lewiston, Maine 04240  
 Telephone: 207.782.9654  
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Custom Sign Fabrication

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Distribution or exhibition of these plans to anyone other than employees of said client, or use of these plans to construct a sign similar to the one embodied herein, is expressly forbidden. In the event that such exhibition or construction occurs, Neokraft expects to be reimbursed \$1500 in compensation for time and effort entailed in creating these plans.

**Spring Harbor Hospital**  
 10508

PERMIT	
Location:	Various, Portland, ME
Drawing No.:	1 of 3
Drawn by:	DS Rep.: PM
Date:	05.28.2009
Lead No.:	FL011930
Gen Ref.:	01432

SIGN B

**CONGRESS STREET SIGN**—REPLACEMENT FACE & RETAINERS FOR EXISTING DF INT. ILLUM. GROUND SIGN

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

(2) FACES REQUIRED

EXISTING SIGN TO RECEIVE REPLACEMENT SIGN FACES, SEE ATTACHED PHOTO OF EXISTING SIGN.  
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