

**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	PERMIT ISSUED Issue Date: FEB 19 2004	CBL: 238A A008001
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Location of Construction: 3 Hutchins Dr	Owner Name: City Of Portland	Owner Address: 389 Congress St. CITY OF PORTLAND	Phone:
Business Name: n/a	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Amendment to Commercial	Zone: 1M

Past Use: Portland Water District water main land plus lot 238A-A-003	Proposed Use: PWD water main land w/replacement of signage; Amendment to permit # 031258, revising both signs from 35 sq. Ft. to 28.6 sq. Ft.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Amendment to permit # 031258; revising both signs from 38 sq. Ft. To 28.6 sq. Ft.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Sign Type: N/A Signature: JMB 2/18/04	
		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: gg	Date Applied For: 01/26/2004	<b>Zoning Approval</b>
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<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> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 2/2/04</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
	<p><i>TO DA under Section 14 - 368.5 for special &amp; unique circumstances 2/2/04</i></p> <p><i>etc under 3012 plan exception 2/4/04 D. Andrews</i></p>		

**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> 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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<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> Approved	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 02/18/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" 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"/>

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.

Location/Address of Construction: 123 Andover Road ( <b>Harry Harmon Drive previous street name</b> )		
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 <i>336 A A 003</i>	Owner: Spring Harbor Hospital Portland Water District 238A A 008	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>Amendment Fee</u> \$30.00 Awning Fee = Cost Of Work: \$ Total Fee: \$ <u>30.00</u>
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.		
If the location is currently vacant, what was prior use: Undeveloped Land		
Approximately how long has it been vacant: <u>amendment to permit # 031258</u>		
Proposed use: Hospital 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 ( <b>see amended renderings, both signs sizes revised from 35 sf to 28.6 sf, the support columns remain the same</b> ).		
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.</b> PHONE:		

**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>1/26/04</u>
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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



# 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



# 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*

1,123  
D. IN  
33 PG 12  
SQ. FT.  
CRES  
REA =  
SQ. FT.  
CRES

15

CITY OF PORTLAND  
30" SEWER  
EASEMENT  
3004/504

ENT  
10.00'

148.97' P.O.B.  
S76°37'06"E

MH

5'

25' DRAINAGE  
EASEMENT

5

PLAN  
80

N13°22'54"E 370.00'  
350.00'

203.38'

S76°37'06"E 215.00' R=20.00  
L=27.51

CONGRESS ST.

L=102.83'  
R=100.00'

S10°21'48"W  
45.6'

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

4

ORIGINAL PLAN RECORDED IN  
PLAN BOOK 124, PAGE 80,  
BY LAND USE CONSULTANTS

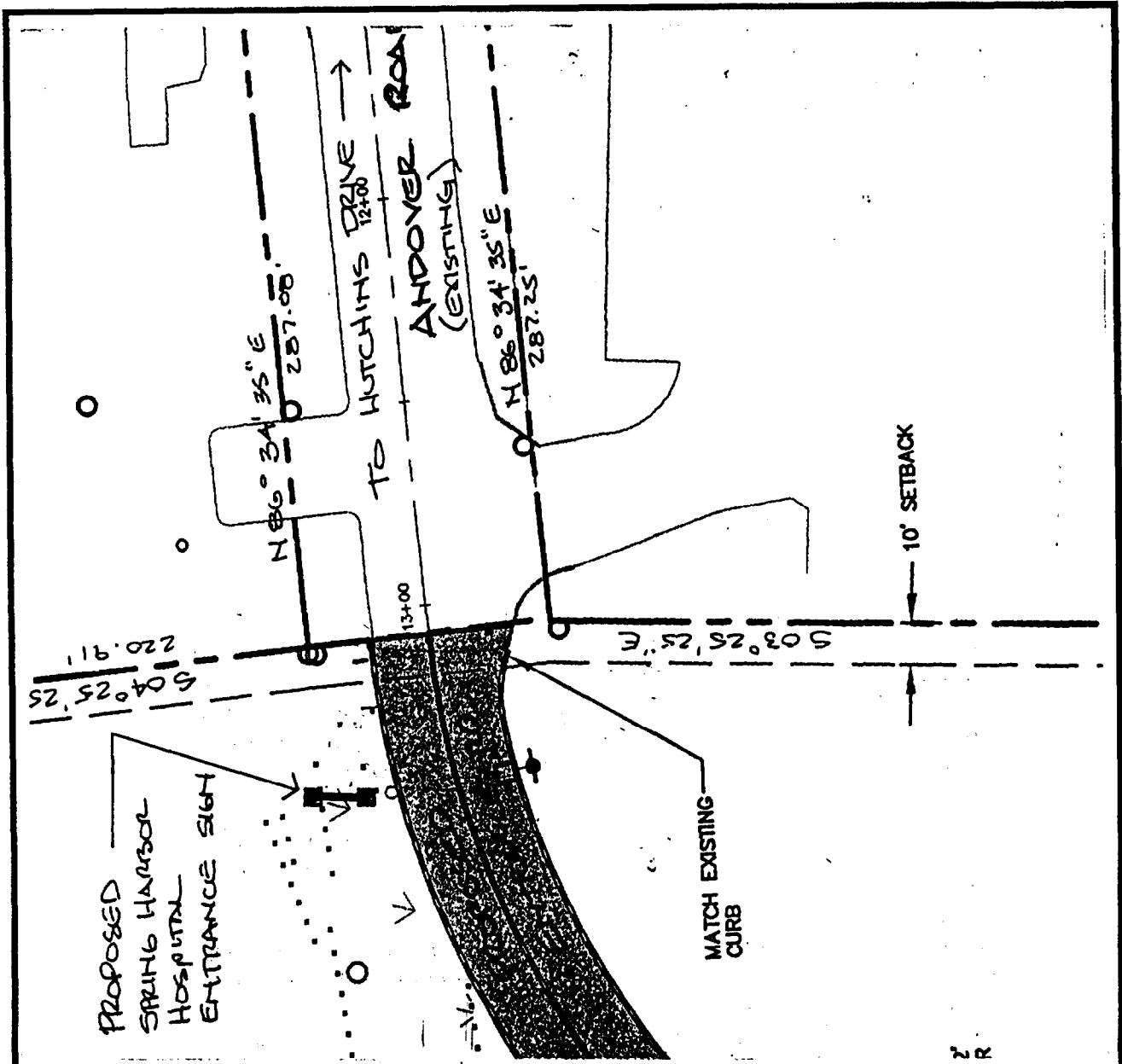
Partial Subdivision - Stroudwater Estates

**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'





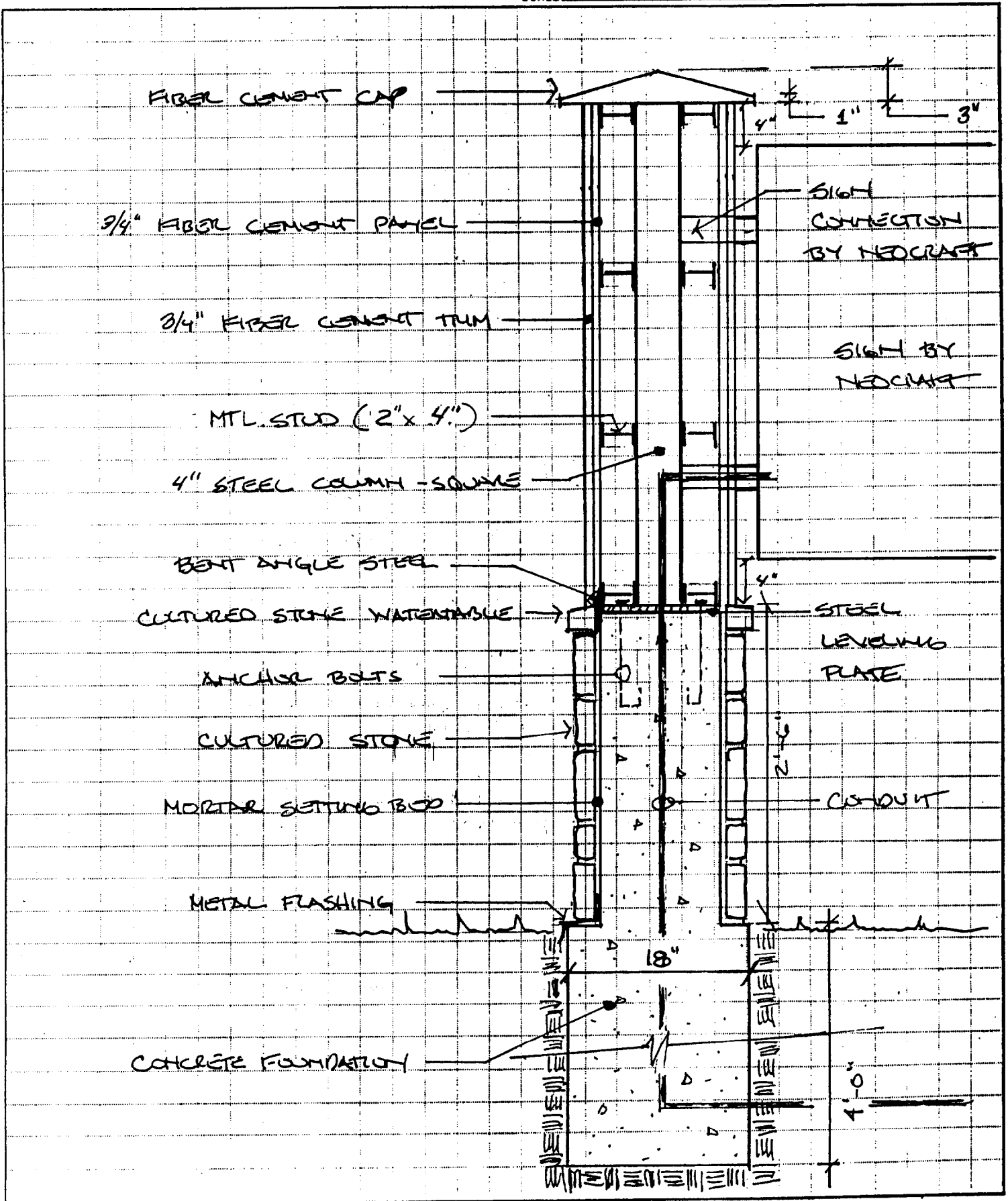
**Spring Harbor Hospital**

**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

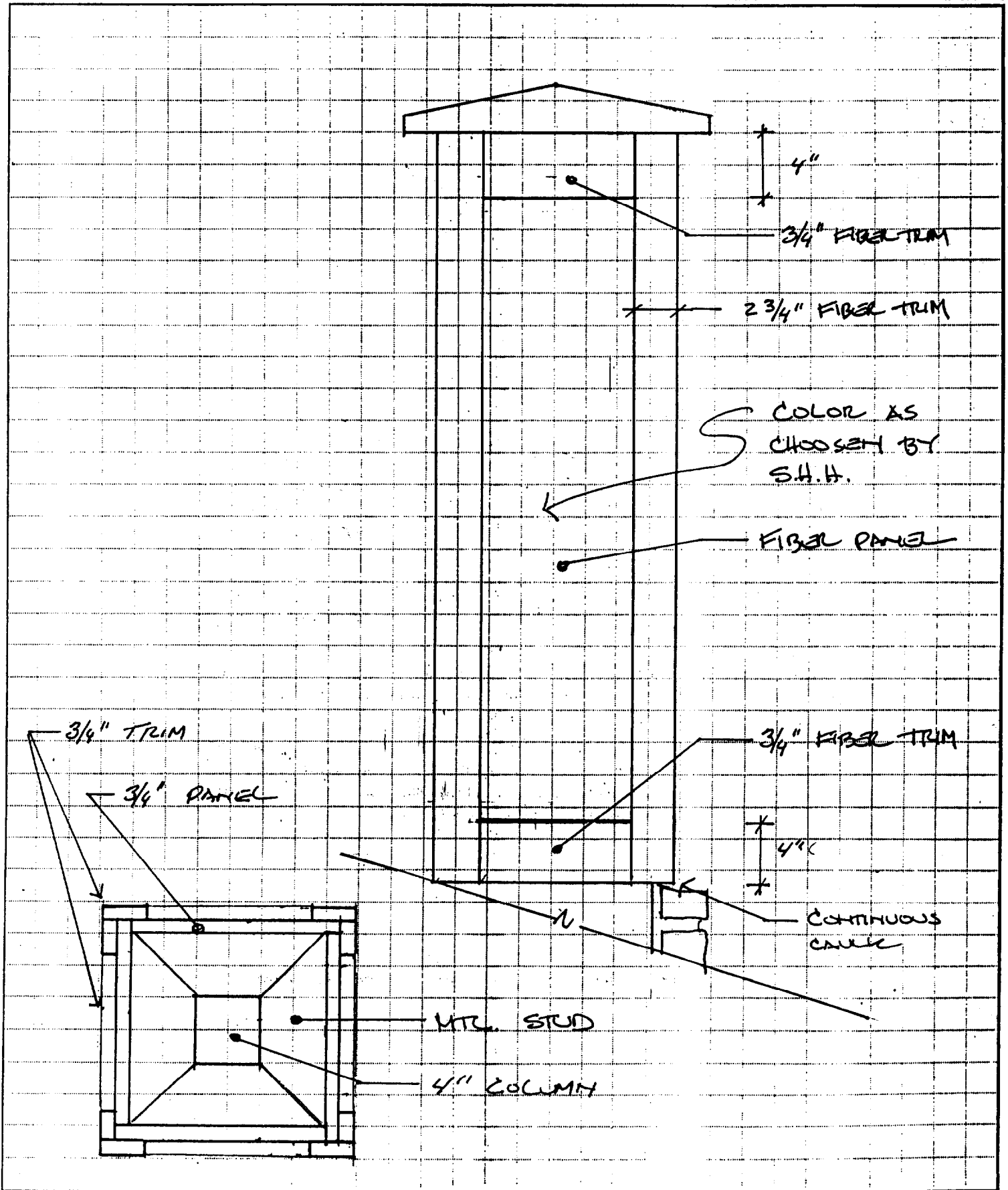
JOB 0112A - SIGN POST DETAIL

SHEET NO. 2 OF 2

CALCULATED BY 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.

**INSURED**  
MAINEHEALTH/SPRING HARBOR HOSPITAL  
175 RUNNING HILL ROAD  
SOUTH PORTLAND, ME 04106

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.

INSR LTR	ADD'L NSRD	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	CHL 1017C-04	10/01/02	10/01/03	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 \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> 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				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

**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 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: *Barry Hosmer*  
 RESIDENT

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