

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

SECTION

PERMIT

Permit Number: 031255

This is to certify that Cbs Realty Llc /NeoKraft Sign
has permission to new 7' x 8' sign replacing 7' x 8' sign
AT 66 Hutchins Dr 238A B004001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 procured before this building or part thereof is altered or closed-in. 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: 03-1255	Issue Date:	CBL: 238A B004001
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Location of Construction: 66 Hutchins Dr	Owner Name: Cbs Realty Llc	Owner Address: 10 Andover Rd	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: Medical office building	Proposed Use: Medical office building w/signage change: new 7' x 8' sign replacing 7' x 7' sign	Permit Fee: \$142.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: new 7' x 8' sign replacing 7' x 7' sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: J Type: WA Signature: [Signature] Date: 11/18/03	
		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	
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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..	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: 10/17/03	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:
	TO DES. A under Section 14-36B.5 for special circumstances		

Approved Under Sec. 14-36B.5
 D. Anderson
 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.

03-1255

Location/Address of Construction: Corner of 10 Andover Road and Hutchins Drive		
Total Square Footage of Proposed Structure	Square Footage of Lot 1.78 Acres Frontage 508'	
Existing Structure		
Tax Assessor's Chart, Block & Lot Chart# 238A Block# B Lot# 4	Owner: Casco Bay Surgery, P.A.	Telephone: 761-6642
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Casco Bay Surgery P.A. 10 Andover Road Portland, Maine 04102	Total s.f. of signage x \$2.00 per s.f. plus \$30.00 = Total Fee: \$ 142.00 Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: Medical Office Building with existing sign (see photo), existing sign approx. 49 sf.		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: Medical Office Building (existing) with Proposed new sign (see rendering)		
Project description: To replace existing sign with proposed sign listing Casco Bay Surgery, an area for a potential tenant and Spring Harbor Hospital. (See Site Location Map)		
Contractor's name, address & telephone: Neocraft, 686 Main Street, Lewiston, Maine 04240, 782-9654		
Who should we contact when the permit is ready: Claire Dyer, Office Manager		
Mailing address: Casco Bay Surgery P.A., 10 Andover Road, Portland, Maine 04102		
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:		

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>C. Dyer M.D.</i>	Date: <i>12-6-07</i>
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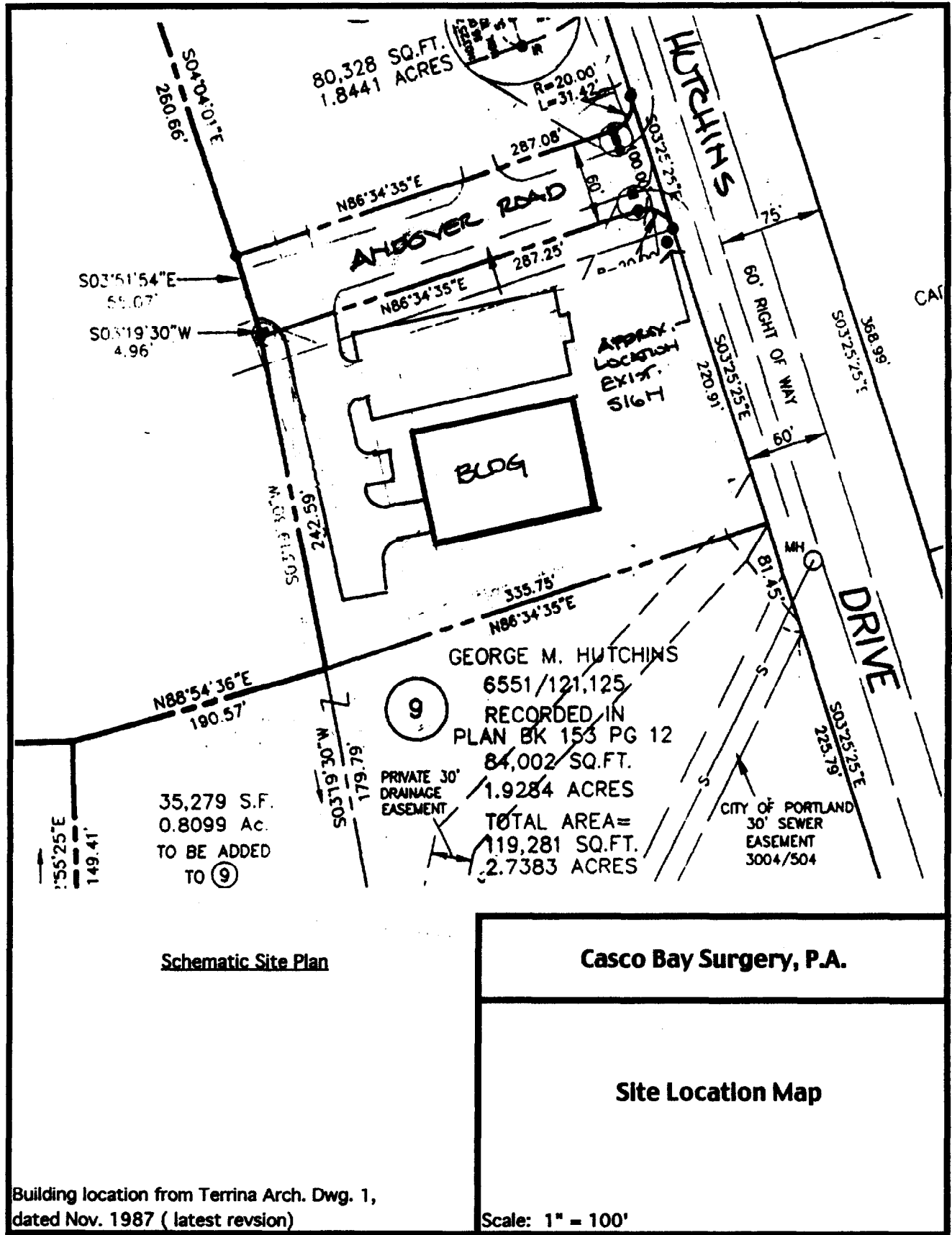
This is NOT a permit, you may not commence ANY work until the permit is issued.



Casco Bay Surgery, P.A.

Existing Sign

Photograph: 9/22/03



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID RR
CASCO-7

DATE (MM/DD/YYYY)
09/19/03

PRODUCER Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	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 Casco Bay Surgery P A Claire Dyer 10 Andover Road Portland ME 04102	INSURER A:	Peerless Insurance Company
	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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> non-owned auto GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP9254010	07/13/03	07/13/04	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000
		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 DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of Portland is named as additional insured in regards to sign on insured's property.

CERTIFICATE HOLDER

CITYO01

 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 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

Roberta Rump

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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: Signage Permit Applications: Spring Harbor Hospital and Casco Bay Surgery

Date: October 7, 2003

Enclosed please find the following:

Spring Harbor Application:

- a. Record of MDOT conversation with Hosmer
- b. Application
- a. \$170 Application Fee
- b. Agent authorization
- c. Portland Water District Permission
- d. Site Plan Map (2)
- e. Existing Sign Photo
- f. Proposed Sign Renderings (2)
- g. Sign Post Details (2 drawings)
- h. Certificate of Liability

Casco Bay Surgery Application:

- a. Application
 - b. \$142 Application Fee
 - c. Site Plan Map
 - d. Existing Sign Photo
 - e. Proposed Sign Rendering
 - f. Certificate of Liability
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EXTRUDED ALUMINUM CABINET, PAINTED BRONZE

WHITE TRANSLUCENT LEXAN FACES,

GSP COBALT BLUE TRANSL VINYL BACKGROUND (CASCO BAY SURGERY)

GSP HOLLY GREEN TRANSL VINYL BACKGROUND (SPRING HARBOR)

WHITE TRANSLUCENT COPY EXCEPT GSP LIGHT BEIGE TRANSL [230-149] AND GSP MATTE BLACK [230-22] VINYL IN SPRING HARBOR LOGO

SPACE FOR FUTURE TENANT

NEW ALUMINUM POLE COVER



EXISTING STEEL

EXISTING CONDITI

SIGN C—DOUBLE-FACE INTERNALLY ILLUMINATED POLE SIGN

SCALE: 1/2" = 1'-0" (1) REQUIRED

.cdr