

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 070579
JUN 21 2007
CITY OF PORTLAND

This is to certify that CBS REALTY LLC /NeoK Signs

has permission to Reface existing sign 14 sf

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 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 permission procured before this building or part thereof is altered 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

Handwritten signature and date 6/13/07
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: 07-0579	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: I-M

Past Use: Commercial / Casco Bay Surgery	Proposed Use: Commercial / Casco Bay Surgery Reface existing sign 14 sf	Permit Fee: \$58.00	Cost of Work: \$58.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>MA</i>	INSPECTION: Use Group: U Type: Sign <i>IBC 2003</i>	

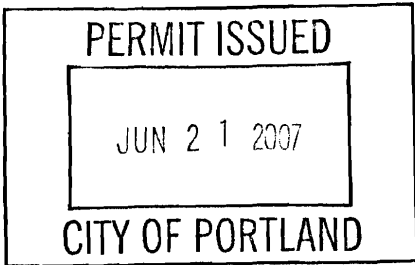
Proposed Project Description:
Reface existing sign 14 sf
original sign approved under #03-1255

Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date:

Permit Taken By: dmartin	Date Applied For: 05/18/2007	Zoning Approval
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>6/1/07</i>	Date:	Date: <i>[Signature]</i>



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

Permit No: 07-0579	Date Applied For: 05/18/2007	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 (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / Casco Bay Surgery Reface existing sign 14 sf	Proposed Project Description: Reface existing sign 14 sf
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/01/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 06/13/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.				

Comments:
6/1/2007-mes: original sign approved under #03-1255



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: <u>10 Andover Road</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Casco Bay Surgery</u> <u>10 Andover Road</u> <u>Portland, ME 04101</u>	Telephone: <u>207-761-6642</u>
Lessee/Buyer's Name (If Applicable) <u>Maine Medical Center</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main Street</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 <u>14.00 sq. ft.</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>58.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>58.00</u>

Who should we contact when the permit is ready: Shane Moffett phone: 782-9654

Tenant/allocated building space frontage (feet): Length: _____ Height: _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____

Current Specific use: Hospital
If vacant, what was prior use: _____
Proposed Use: Hospital

Information on proposed sign(s): Face Replacement Only.
 Freestanding (e.g., pole) sign? Yes No Dimensions proposed: 1-11 3/4" x 6'-11 1/2" Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed: _____

Proposed awning? Yes No Is awning backlit? Yes No
 Height of awning: _____ Length of awning: _____ Depth: _____
 Is there any communication, message, trademark or symbol on it? Yes No
 If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes No Dimensions: 1-11 3/4" x 6'-11 1/2" Face Size
 Bldg. wall sign? (attached to bldg) Yes No Dimensions: _____
 Awning? Yes No Sq. ft. area of awning w/communication: _____

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. - see attached -

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, 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 Moffett - Neokraft Signs Inc. Date: 5-9-07

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

8584



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.



Sidewalk Signs

Design, Location and Construction Standards

Quantity

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

Sign Dimensions

Single Listing: Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Multiple Listings: Maximum width is 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Location

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants or other street visual amenities. Signs shall be located near the curb rather than the building face.

Materials and Graphics

All signs shall be of an A-frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

Insurance

No permit shall be issued unless the applicant has posted in advance with the City a Certificate of Liability listing the City as additional insured in the amount of \$400,000.00.

Enforcement

If the sign does not conform to the standards outlined, the permit may be revoked and once the owner has been notified, the sign could be removed.

To apply for a sign permit, stop by the Inspections Division, Portland City Hall, 389 Congress Street, room 315 with:

- Certificate of liability insurance
- Drawing of sign showing dimensions and design work
- Payment of fees: \$30.00 plus \$2.00 per s.f. of signage
- Complete application with pre-application questionnaire and checklist complete

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID AE CASCO-7	DATE (MM/DD/YYYY) 09/22/06
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.		
INSURED Casco Bay Surgery, P. A. Claire Dyar 10 Andover Road Portland ME 04102	INSURERS AFFORDING COVERAGE INSURER A: Peerless Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC# _____ _____ _____ _____ _____	

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	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X		X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> non-owned auto GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP9254010	07/13/06	07/13/07	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300000 MED EXP (Any one person) \$ 15000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/PROP AGG \$ 2000000
				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 (E& 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 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ C.L. DISEASE - POLICY LIMIT \$
				OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Regarding: Insureds sign which is attached to the outside of the building.
 The City of Portland is an additional insured with regards to general liability.

CERTIFICATE HOLDER CITYPTL City of Portland Building Inspections 389 Congress St, 4th Floor 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. <i>Olana Jegg</i>
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Neokraft

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>

LANDLORD CONSENT AGREEMENT

Written consent and agreement relating to a certain sign proposed to be erected on the premises at: 10 Andover Road
in Portland, Maine.

Casco Bay Surgery, P.A. being the owner of the premises at 10 Andover Rd. in Portland, Maine.

hereby gives consent to the erection of (a) certain sign(s):
(2) Replacement sign faces for existing Pylon Sign
owned by: Maine Medical Center (the tenant) as described in the attached application for a permit submitted to the inspection division of the building department of Code Enforcement to cover the erection of said signs.

Signed by the owner of said premises, or his authorized agent, on this

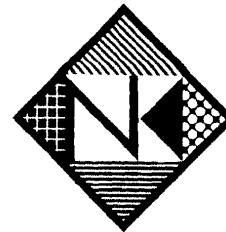
✓ 10th day of May 2007

✓ Clare Dye (SIGNED)

✓ Manager (TITLE)



NEW FACES FOR EXISTII
SCALE: 1" = 1'-0"



Neokraft
 S I G N S

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

Except for designs supplied by the client, all ideas, plans or arrangements indicated on this drawing are copyrighted and owned by Neokraft Signs Inc. and shall not be reproduced, used by or disclosed to any person, firm or corporation without written permission of Neokraft Signs Inc.



PHOTO COMPOSITE
NOT TO SCALE

**Maine Medical
 Center 7175**

Location:	10 Andover Road
	Portland, ME
Drawing No.:	1 of 1
Drawn by:	PFAT
Date:	04.30.2007
Gen Ref.:	

Hutchins Drive

Congress ~~St~~ Rte 22



Andover Rd



Neokraft

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>

Transmittal to CITY OF PORTLAND
 INSPECTIONS
 389 CONGRESS STREET
 PORTLAND, ME 04101

Date 05.10.2007
Job No. 7175
Re. MAINE MEDICAL CTR.
 PERMITS
 MAIL

- | | | | |
|-------------|--|---|---|
| Item | <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Hand Delivered | <input type="checkbox"/> Under separate cover |
| | <input checked="" type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints | <input type="checkbox"/> Samples <input checked="" type="checkbox"/> Specifications |
| | <input checked="" type="checkbox"/> Copy of letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Other |

Copies	Date	No.	Description
1 set	05.10.2007	7175	(1) SIGN PERMIT APPLICATION, (1) LIABILITY INSURANCE CERTIFICATE, (1) DRAWING, PLOT PLAN, LANDLORD AUTHORIZATION, AND (1) CHECK NUMBER #8584 FOR \$58.00 TO OBTAIN PERMITS FOR MAINE MEDICAL CENTER LOCATED ON 10 ANDOVER ROAD.

- | | | | |
|----------------|--|---|---|
| Purpose | <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> No exception taken | <input type="checkbox"/> Rejected |
| | <input type="checkbox"/> For your use | <input type="checkbox"/> Make corrections noted | <input type="checkbox"/> Review and comment |
| | <input type="checkbox"/> As requested | <input type="checkbox"/> Revise and resubmit | <input type="checkbox"/> Other |

Remarks Please go ahead and mail permits to my attention upon approval.

Copy to

From SHANE MOFFETT

If enclosures are not as noted kindly notify us at once.

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



EXTRUDED ALUMINUM CABINET, PAINTED BRONZE

WHITE TRANSLUCENT LEXAN FACES,

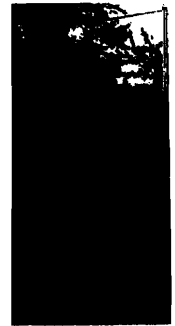
GSP COBALT BLUE TRANSL VINYL BACKGROUND (CASCO BAY SURGERY)

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 CONDITI

SIGN C—DOUBLE-FACE INTERNALLY ILLUMINATED POLE SIGN

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

.cdr

from permit #03-1255