Form # P 04	SPLAY	THIS	CARD					AGE OF WORK
Please Read Application And Notes, If Any, Attached			BU		ERMI	OIT		Permit Number: 090635
This is to certify that		ALTY LLC			6½ 6' 11½			
AT 66 HUTCHINS I	DR				_	CBI	38A-E	B004001
provided that of the provision the constructing this departme	ons of th on, mair	e Statut	es of Ma	e an	d of the		es of	this permit shall comply with all the City of Portland regulating and of the application on file in
Apply to Public and grade if nat such information	ure of work	requires	Not give befo lath	nd wr his b or o	itte puil g or pa	nereof iereof ed-in. 2	ec is	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
		TISSUE	<u>_</u>					
Fire Dept.								
Health Dept	JUL,	2 2 2009					($\gamma \mathcal{A}$, $\gamma \mathcal{A}$
Appeal Board							P	
Other De	anment Name-	PORTLA	MD			-		Director - Building & Inspection Services
L			PENALT	Y FOR	REMOVIN	G THIS	CARD) / /

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City of Portland, Maine	- Building or Use	Permit Application	n Permit N	o: Issue Dat	e: _	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	8, Fax: (207) 874-871	6 09	-0635 6/20	6/09	238A B0	04001
Location of Construction:	Owner Name:	· · · · · · · · · · · · · · · · · · ·	Owner Add	ress:	7-1-1	Phone:	
66 HUTCHINS DR	CBS REALTY	Y LLC	10 ANDC	VER RD			
Business Name:	Contractor Name	*	Contractor A	Address:		Phone	
	NeoKraft Sign	IS	686 Main	St. Lewiston		20778296	54
Lessee/Buyer's Name	Phone:	Phone:		::			Zone:
			Signs - P	ermanent			TM
Past Use:	Proposed Use:		Permit Fee:		1) District:	
Commercial Spring Harbor	Commercial S				65.00	3	
Hospital -		Andover Road Reface 2'6 ¹ / ₂ " x 6' 11 ¹ / ₂ "	FIRE DEPT	f: Approved	INSPECTIO	N:	- Son
	CAISting Sign 2	. 0/2 x 0 11/2		Denied	Use Group:	B	Type:
						TR	-2003
Proposed Project Description:			-			100	-2003
10 Andover Road Reface exis	ting sign 2'6½" x 6' 11	1/2"	Signature:		Signature:	PO	10/20
				AN ACTIVITIES DIS			
			Action:	Approved Approved	proved w/Cond	litions 🗔	/ Denied
							Demea
	<u> </u>	<u> </u>	Signature:		Date	e:	
Permit Taken By:	Date Applied For:		Z	Coning Approv	al		
Ldobson	06/17/2009	Generici // ene en Deuit		Taning Append		listoric Prese	mation
1. This permit application d		Special Zone or Revie	ews	Zoning Appeal			
Applicant(s) from meetin Federal Rules.	g applicable State and	Shoreland		Variance		Not in District	t or Landmar
						DN.(D	in De inc
2. Building permits do not in septic or electrical work.	nclude plumbing,	Wetland		Miscellaneous		Does Not Req	uire Review
-	if work is not started	Flood Zone		Conditional Use		Requires Revi	ew
3. Building permits are void within six (6) months of t				Conditional Osc		Requires Revi	C W
False information may in		Subdivision		Interpretation		Approved	
permit and stop all work.				·			
		Site Plan		Approved		Approved w/C	Conditions
PERMIT	ISSUED	Maj 🗌 Minor 🗌 MM		Denied		Denied	
		OK.				for	
JUL 2	2 2009	0 K Date: 6 25/09 A	Date:		Date:		
	- 2003						
I CITY OF P	ORTLAND						

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

Sign A

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:	Andover Road	· · · · · · · · · · · · · · · · · · ·
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 288 A B 4 Lessee/Buyer's Name (If Applicable) Spring Harbor Nospital	Owner: Casco Bay Surgery 10 Andover Round Portfund me 04102 Contractor name, address & telephone: Neokraft Sign & Inc. 686 Main St. 686 Main St. 207-782-9654	Telephone: 207-76/-2200 Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 17.5 52. f For H.D. signage = Total Fee: \$65.00 Awning Fee = cost of work Total Fee (55.00
Who should we contact when the permit is ready	•	82-9654
Tenant/allocated building space frontage (fe Lot Frontage (feet)	Single Tenant or Multi Tenant Lot ement Sign Faces Only No Dimensions proposed: 2-62	$\frac{1}{12}$ $\frac{1}{2}$ $\frac{1}{2}$ Height from grade:
Proposed awning? Yes No Is awn Height of awning: Length of a Is there any communication, message, tradema If yes, total s.f. of panels w/communications, r	wning: Depth: rk or symbol on it? Yes No	
Information on existing and previously permit Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area		'_//'2"
A site sketch and building sketch showing ex Sketches and/or pictures of proposed signage		ocated must be provided.

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 <u>www.portlandmaine.gov</u>, 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 reasynable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant Date: 6-16-09 This is not a permit, you may not commence work until the permit is issued.

•	aine - Building or Use Per 4101 Tel: (207) 874-8703, Fa		Permit No: 09-0635	Date Applied For: 06/17/2009	CBL: 238A B004001
Location of Construction:	Owner Name:		Owner Address:		Phone:
66 HUTCHINS DR	CBS REALTY LL	.C	10 ANDOVER R	D	
Business Name:	Contractor Name:		Contractor Address:		Phone
	NeoKraft Signs		686 Main St. Lew	iston	(207) 782-9654
.essee/Buyer's Name	Phone:		Permit Type:	1	
			Signs - Permaner	it	
roposed Use:	•	Propos	ed Project Description	:	
	or Hospital - replace existing sig ndover Road	gn panel replac	e existing sign pan	el 2'6½" x 6' 11½"	@ 10 Andover Road
2'6½" x 6' 11½" @ 10 A	ndover Road		e existing sign pan		
2'6½" x 6' 11½" @ 10 A Dept: Zoning Note: Original permit f		Reviewer 07-0579 added a pa	: Ann Machado	Approval I	
2'6 ¹ / ₂ " x 6' 11 ¹ / ₂ " @ 10 A Dept: Zoning Note: Original permit f	ndover Road Status: Approved for sign was #03-1255. Permit #	Reviewer 07-0579 added a par Harbor Hospital.	: Ann Machado	Approval I	Date: 06/25/2009 Ok to Issue: 🗹 Date:
 2'6½" x 6' 11½" (a) 10 A Dept: Zoning Note: Original permit f permit is to repla 	ndover Road Status: Approved For sign was #03-1255. Permit # ace the existing panel for Spring	Reviewer 07-0579 added a par Harbor Hospital.	: Ann Machado nel for Maine Med	Approval I ical Center. This	Date: 06/25/2009 Ok to Issue: ☑

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 <u>DO</u> 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

CBL: 238A B004001

Building Permit #: 09-0635



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.

MH Certificate of flammability required for awning or canopy.

M//A UL# is required for lighted signs at the time of final inspection.

 \square 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.