
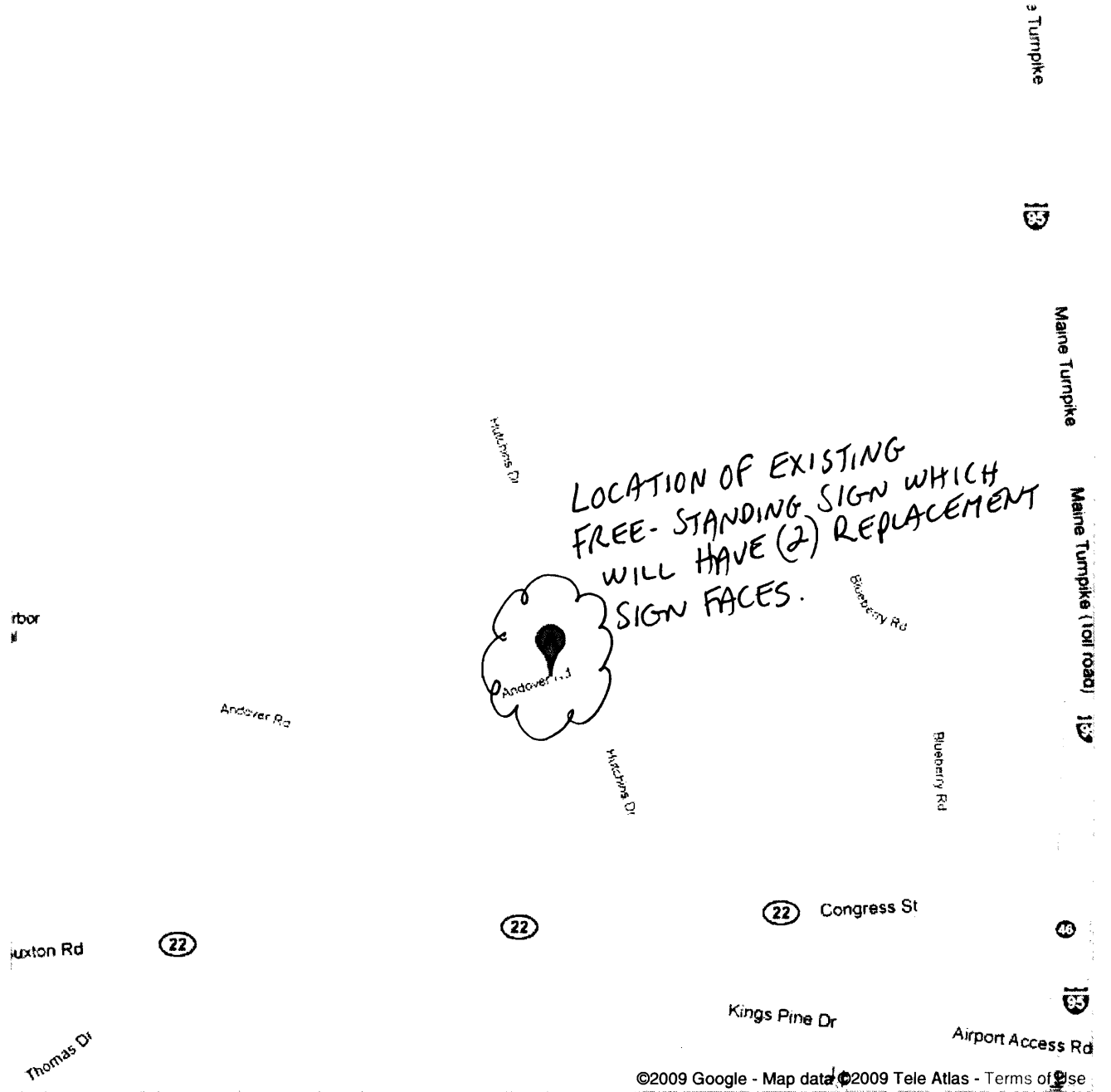


Google maps

Address **10 Andover Rd
Portland, ME 04102**

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

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Spring Harbor Hospital
MaineHealth

May 27, 2009

Claire Dyer
Casco Bay Surgery
10 Andover Road
Portland, Maine 04102

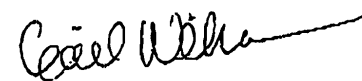
RE: Casco Bay Surgery/Spring Harbor Hospital Sign

Dear Claire:

I am writing to confirm our agreement concerning a change to Spring Harbor Hospital's panel of the sign located on the property of Casco Bay Surgery at the intersection of Hutchins Drive and Andover Road in Portland. With your consent, Spring Harbor Hospital is changing its panel of the sign to comply with new corporate design elements, as dictated by our parent organization, MaineHealth. By signing below, Casco Bay Surgery indicates its knowledge and approval of Spring Harbor Hospital's sign panel change.

Spring Harbor Hospital appreciates your cooperation in all of our activities since the opening of our facility at 123 Andover Road in 2004. We look forward to being good neighbors for many more years to come, to the mutual benefit of our patients and staffs.

Best regards,



Gail J. Wilkerson
Vice President, Operations
Spring Harbor Community Services

Agreed:
Casco Bay Surgery

By: CADyer MD

Its: President

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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 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 LTR	ADD1 NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL 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				
		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 EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY 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 \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO A 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 <u>30</u> 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 <i>Terrence J. Sheehan, M.D.</i> , PRESIDENT
--	--

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

Location of Construction: 66 Hutchins Dr	Owner Name: Cbs Realty Lic	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
Proposed Project Description: new 7' x 8' sign replacing 7' x 7' sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: J Type: NA Signature: [Signature] Date: 11/28/03
		Signature:	Signature:
		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		
<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>		Special Zone or Reviews <input type="checkbox"/> Shoreland <input checked="" 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"/>	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	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: 10/17/03		Date:	Date:	Date:

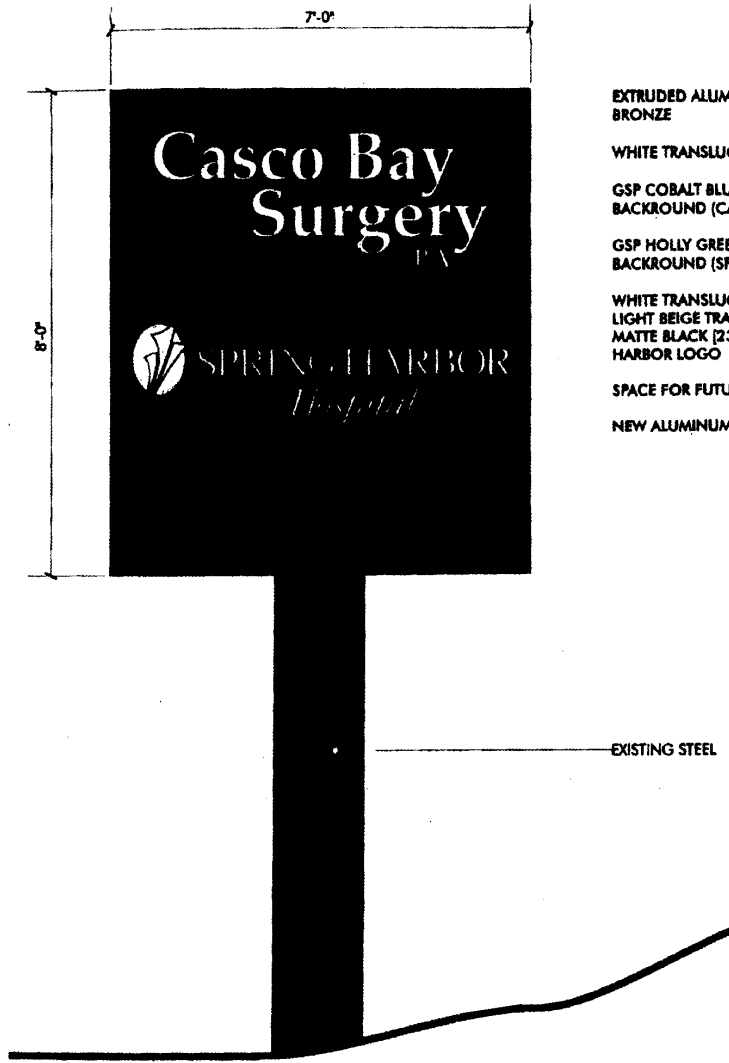
*Approved Under Sec. 14-36B.5
D. Anderson
10/28/03*

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

03 - 1255



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: 1/4" = 1'-0" (1) REQUIRED

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

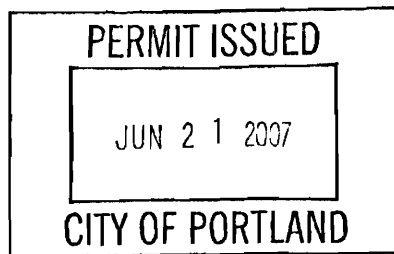
Past Use: Commercial / Casco Bay Surgery	Proposed Use: Commercial / Casco Bay Surgery Reface existing sign 14 sf	Permit Fee: \$58.00	Cost of Work: \$58.00	CEO District: 3
Proposed Project Description: Reface existing sign 14 sf		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/>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

original sign approved under #03-1255

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: dmartin	Date Applied For: 05/18/2007	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

- 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 <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: <i>6/1/07</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 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



Signage/Awning Permit Application

#07-0579

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 10 Andover Road 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>Neckraft Signs Inc. 686 Main Street Lewiston, ME 04240 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: <u>Shane Moffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>Hospital</u> If vacant, what was prior use: _____ Proposed Use: <u>Hospital</u>		
Information on proposed sign(s): <u>Face Replacement Only</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>1'-11 3/4" x 6'-11 1/2"</u> Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: <u>1'-11 3/4" x 6'-11 1/2"</u> Face Size Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <u>- see attached -</u>		

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 - Neckraft Signs Inc. Date: 5-9-07

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

8584



REMOVE EXISTING 'SPRING HARBOR' FACES AND REPLACE WITH NEW WHITE TRANSLUCENT LEXAN FACE WITH DURACHROME PRINTED GRAPHICS AS SHOWN

DO NOT RE-LAMP

REPLACEMENT FACES FOR EXISTING DF INT. ILLUM. PYLON

SCALE: 3/4" = 1'-0" (2) FACES TOTAL

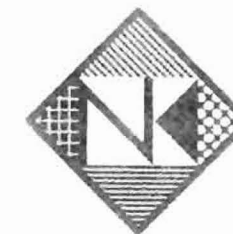


MOUNTING DETAIL

SCALE: 3" = 1'-0"

NEW LEXAN FACES RETAINED BY EXISTING ALUMINUM EXTRUSION BODY [1924], BODY/RETAINER [1929/1944] AND DIVIDER [1905], ACCORDING TO MANUFACTURER SPECIFICATION

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



Neokraft
SIGNS

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

These plans are the exclusive property of Neokraft Signs, Inc. and are the result of the original work of its employees. They are submitted to Neokraft's client for the sole purpose of consideration of whether to purchase these plans or to purchase from Neokraft a sign manufactured according to these plans.

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.



PHOTO COMPOSITE

ANDOVER ROAD & HUTCHINS DRIVE

NO SCALE

SIGN A
EXISTING SIGN WILL RECEIVE (2) REPLACEMENT SIGN FACES

Spring Harbor Hospital
10508

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