

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BU **PERMIT** ION

Permit Number: 090636

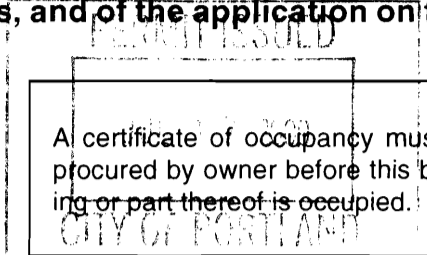
This is to certify that Spring Harbor Hospital/NeoKro Signs
has permission to Entrance @Spring Harbor on Alover Road Reface existing sign 22" x 9' 1/2"
AT 2393 Congress St CE 239A A003001

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 written permission procured before this building or part thereof is lath or other work is put in. 24 HOURS 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

Cheryl S. [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: 09-0636	Issue Date: 10/26/09	CBL: 239A A003001
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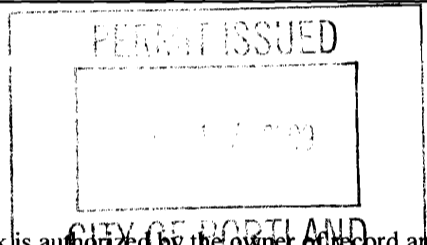
Location of Construction: 2393 Congress St	Owner Name: Spring Harbor Hospital	Owner Address: 216 Vaughn Street - Ground Floor	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: IM

Past Use: Commercial Spring Harbor Hospital	Proposed Use: Commercial Spring Harbor Hospital - Entrance @Spring Harbor on Andover Road - Reface existing sign 3'2" x 9' 1/2"	Permit Fee: \$88.00	Cost of Work: \$88.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I Type: Sign IBC-2003	

Proposed Project Description: Entrance @Spring Harbor on Andover Road -Reface existing sign 3'2" x 9' 1/2"	Signature:	Signature: <i>CL</i>
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: Ldobson	Date Applied For: 06/17/2009	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"/> OK Date: 6/25/09 ABN	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 ABN Date:
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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: 09-0636	Date Applied For: 06/17/2009	CBL: 239A A003001
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Location of Construction: 2393 Congress St	Owner Name: Spring Harbor Hospital	Owner Address: 216 Vaughn Street - Ground Floor	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 Spring Harbor Hospital - Entrance @Spring Harbor on Andover Road - Reface existing sign 3'2" x 9' 1/2"	Proposed Project Description: Entrance @Spring Harbor on Andover Road -Reface existing sign 3'2" x 9' 1/2"
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 06/25/2009
Note: Sign was originally permitted under permit #03-1258 & amended under permit #04-0069. The proposed replacement sign is the same size as the sign permitted under #04-0069. **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 06/26/2009
Note: **Ok to Issue:**
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

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 DO 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



Signage/Awning Permit Application

Sign C

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>Andover Road @ Entrance to Spring Harbor Property</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>238</u> Block# <u>AB</u> Lot# <u>4</u>	Owner: <u>Spring Harbor Hospital</u> <u>123 Andover Rd.</u> <u>Westbrook, ME 04092</u>	Telephone: <u>207-761-2200</u>
Lessee/Buyer's Name (If Applicable) <u>Spring Harbor Hospital</u> JUN 17 2009	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$88.00</u> Awning Fee= cost of work Total Fee: <u>\$88.00</u> 28.75' sq. ft.
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: <u> </u> Height: <u> </u> Lot Frontage (feet) <u> </u> Single Tenant or Multi Tenant Lot <u> </u>		
Current Specific use: <u>hospital</u> If vacant, what was prior use: <u> </u> Proposed Use: <u> </u>		
Information on proposed sign(s): ★ Replacement Sign Faces Only		
Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>3'-2" x 9'-0 1/2"</u> Height from grade: <u>6' ±</u>		
Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u> </u>		
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: <u> </u> Length of awning: <u> </u> Depth: <u> </u>		
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: <u> </u> s.f.		
Information on existing and previously permitted sign(s):		
Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>3'-2" x 9'-0 1/2"</u>		
Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: <u> </u>		
Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: <u> </u>		
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.		

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: <u>Shane Moffett</u> <u>Neokraft Signs Inc.</u>	Date: <u>6-16-09</u>
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This is not a permit, you may not commence ANY work until the permit is issued.



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.

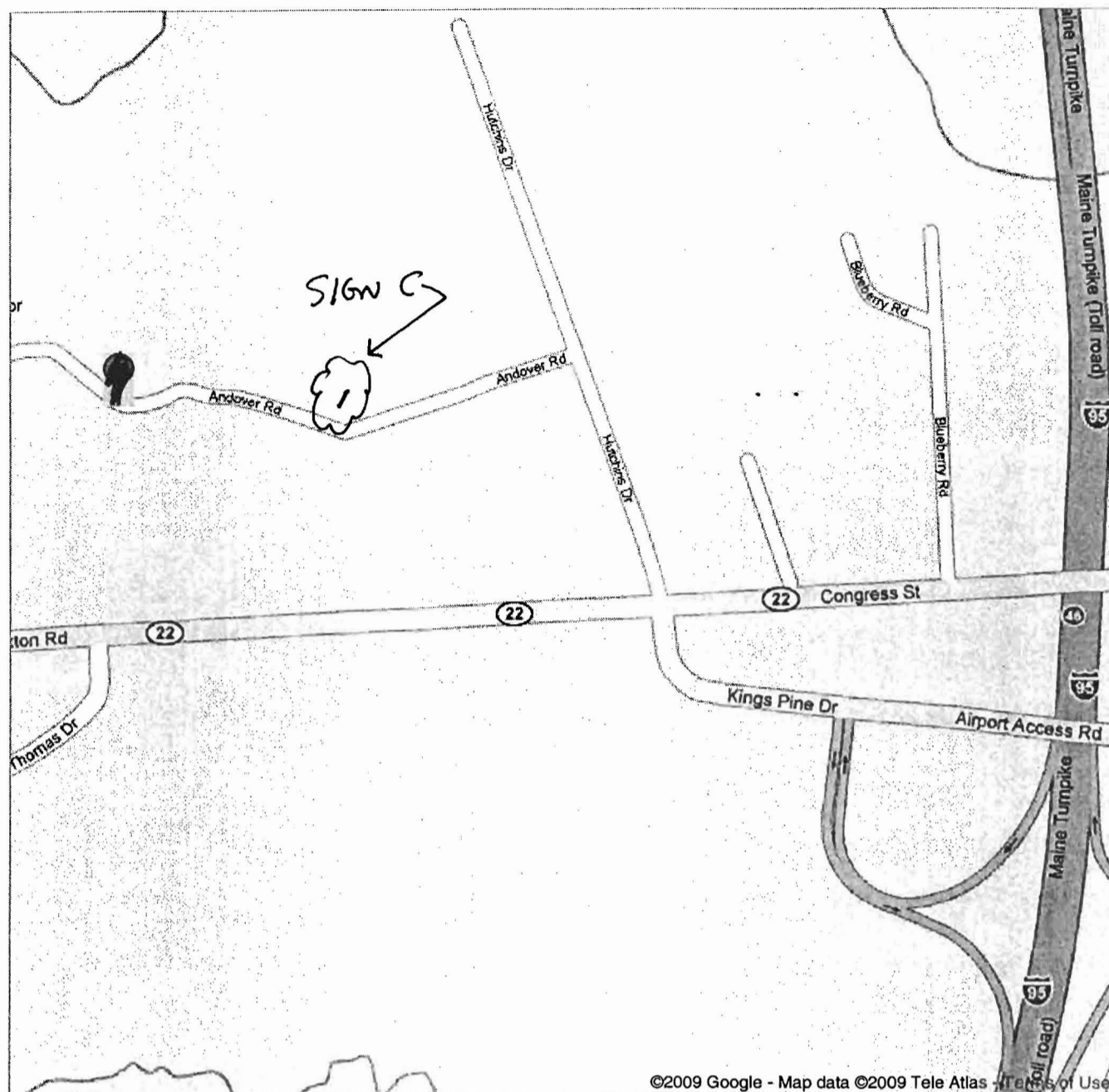
Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

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.

Google maps Address 123 Andover Rd Westbrook, ME 04092

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





EXISTING SIGN C

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="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">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#												
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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	ADDITIONAL	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS 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>Terrance J. Shukan, M.A.</i> , PRESIDENT
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City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1258 Issue Date: CBL: 238A A008001

Location of Construction: 3 Hutchins Dr	Owner Name: City Of Portland	Owner Address: 389 Congress St	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: Portland Water District water main land plus lot 238A-A-003	Proposed Use: PWD water main land w/replacement of existing signage on 238A-A008 plus additional sign on 238A-A003	Permit Fee: \$0.00	CEO District: 3
Proposed Project Description: replacement of existing signage on 238A-A008 plus additional sign on 238A-A003		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: J Type: NA Signature: [Signature] Date: 11/13/03
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.): Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: [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>		<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Wetland <i>to D.A. under Sec. 14-300.5</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MHA <input type="checkbox"/> Date: 10/11/03	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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:

approved under Sec. 14-300.5 D. Andrews 10/19/03

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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

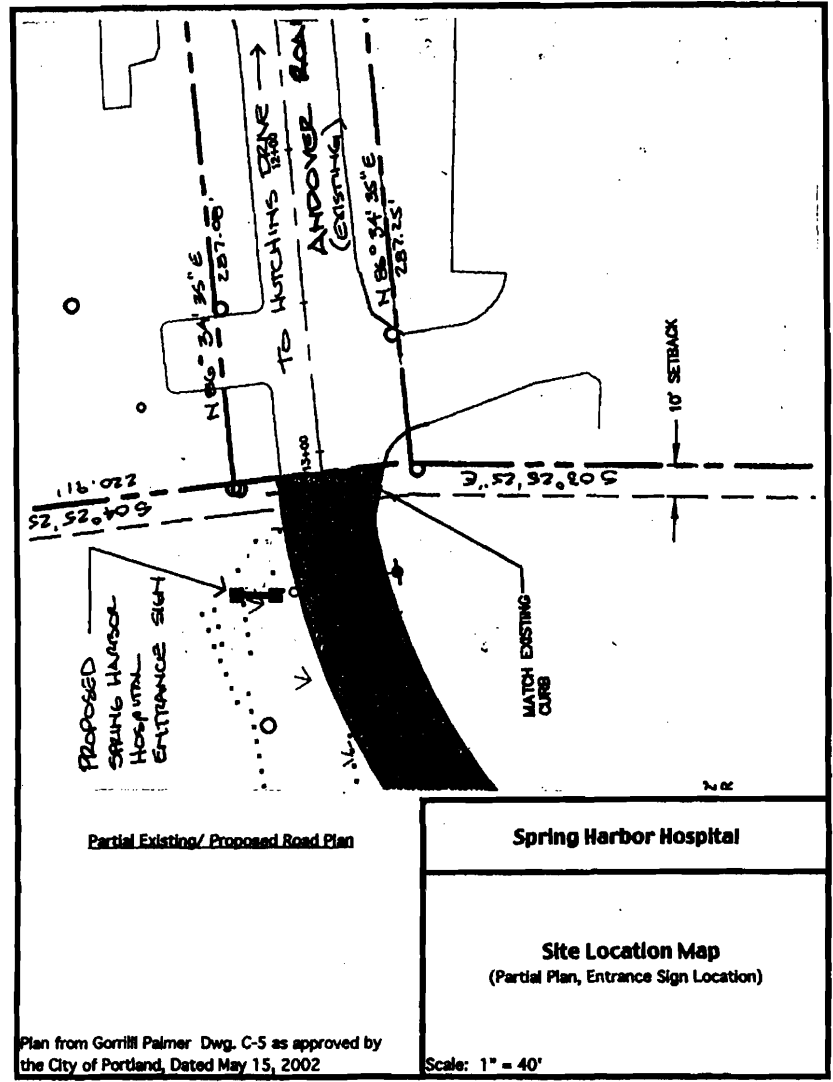
Permit No: 03-1258	Date Applied For: 10/07/2003	CBL: 238A A008001
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Location of Construction: 3 Hutchins Dr	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: PWD water main land w/replacement of existing signage on 238A-A008 plus additional sign on 238A-A003 238A-A003	Proposed Project Description: replacement of existing signage on 238A-A008 plus additional sign on 238A-A003 238A-A003
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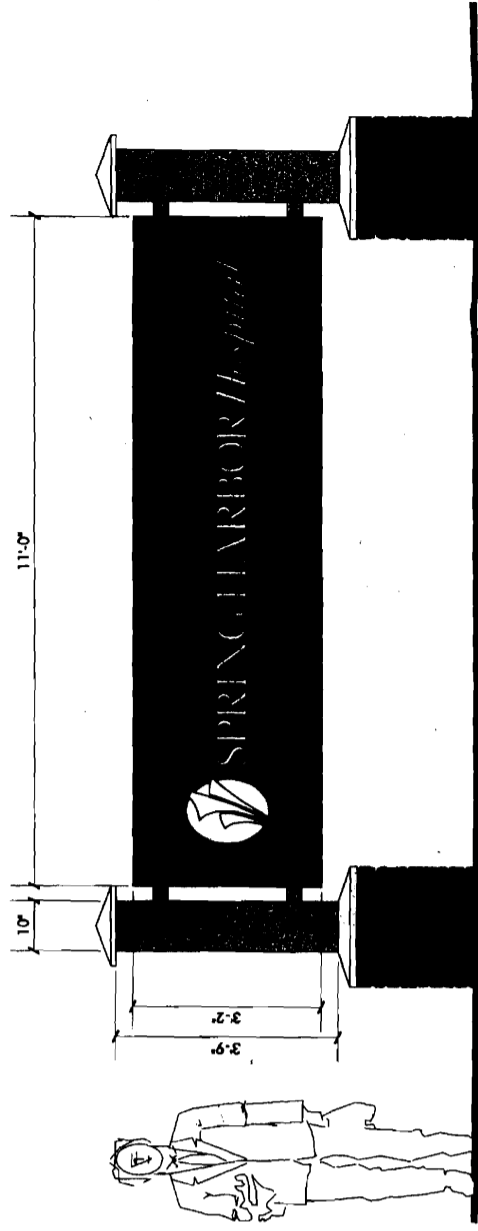
Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 10/28/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 10/17/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note: 10/17/03 This is only approved based upon the approval and review of Deb A. Under special and unique circumstances of site plan review (section 14-368.5)				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 11/03/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				

Comments:
10/15/2003-kwd: combined per MES says applicant.
6/25/2009-amachado: Permit was closed under permit 04-0069 which amended this permit.



#03-1258

SCALE: 1/4" = 1'-0"
DATE: 10/15/08



SIGN B—SINGLE-FACE INTERNALLY ILLUMINATED GROUND SIGN

Location of Construction: 3 Hutchins Dr	Owner Name: City Of Portland	Owner Address: 389 Congress St	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:

Dept: Historical	Status: Not Applicable	Reviewer: Deborah Andrews	Approval Date: 02/06/2004	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 02/02/2004	Note: revised approved signs to smaller - gave permit to D. A. for review & approvals	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date:	Note:	Ok to Issue: <input type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 02/09/2004	Note:	Ok to Issue: <input checked="" type="checkbox"/>

CERTIFICATION

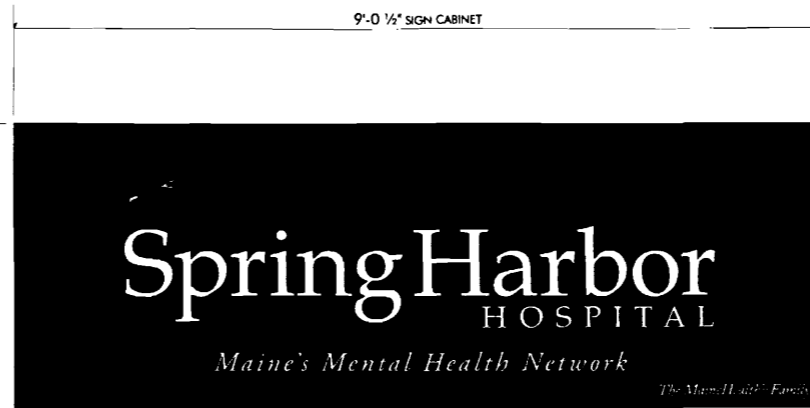
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_____ SIGNATURE OF APPLICAN	_____ ADDRESS	_____ DATE	_____ PHO
_____ RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		_____ DATE	_____ PHO

Color profile: Generic CMYK
Composite Default screen profile



PLAN VIEW



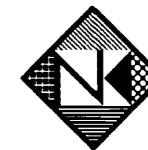
NON-LIGHTED
VINYL COPY

120V ELECTRICAL FEED BY
OWNER

PHOTOCELL REQUIRED
GC TO VERIFY END OF SIGN
TO RECEIVE ELECTRICAL

SAME FAB. AS SIGN EXCEPT:
NO COPY ON OPPOSITE SIDE
METAL BACK

INCLUDE GSP WHITE [220-10]
VINYL SIGNATURE COPY AS
INDICATED



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
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.

**Spring Harbor
Hospital 01432**

FINAL APPROVED DESIGN

Location: 123 Andover Road
Portland, ME

Drawing No.: 2 of 6

Drawn by: DS

Date: 01.16.2004

Gen Ref.:

SIGN B—SINGLE-FACE INT. ILLUM. GROUND SIGN
SCALE: 3/4"=1'-0" (1) REQUIRED



NEW FACE FRAME (1 3/8" SLIDE RETAINERS [1624], HINGE SCREWS [5280]) FIRMLY AFFIXED TO EXISTING SERIES 12 ARCHITECTURAL ALUMINUM EXTRUSION SIGN BODY [1612] ACCORDING TO MANUFACTURER SPECIFICATION

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

MOUNTING DETAIL

SCALE: 3"=1'-0"



REMOVE EXISTING FACES AND BLEED RETAINERS, AND REPLACE WITH NEW WHITE LEXAN FACES, DURACHROME PRINTED GRAPHICS AND NEW 1 3/8" SLIDE RETAINERS [SIGNCOMP #1624]

REPLACE LAMPS

PAINT NEW RETAINERS AND REPAINT EXISTING CABINET, SUPPORTS AND POLE COVERS TO MATCH PMS '7499'

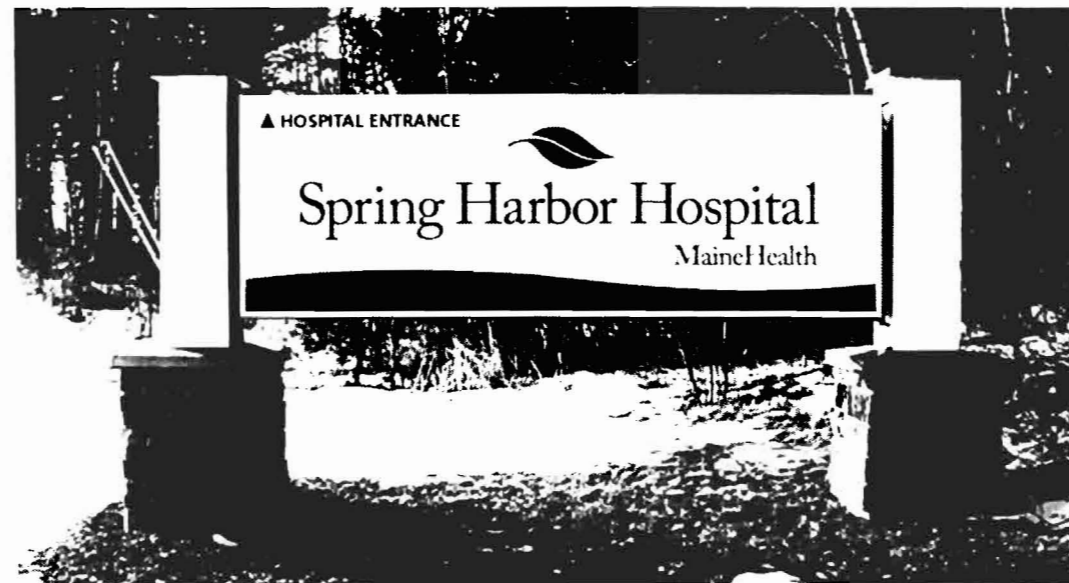


PHOTO COMPOSITE **ANDOVER ROAD**
 NTS

SIGN C

EXISTING SIGN TO RECEIVE REPLACEMENT SIGN FACES. SEE ATTACHED PHOTO OF EXISTING SIGN.



Neokraft
 SIGNS

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Custom Sign Fabrication

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Spring Harbor Hospital
 10508

PERMIT	
Location:	Various, Portland, ME
Drawing No.:	2 of 3
Drawn by:	DS Rep.: PM
Date:	05.28.2009
Lead No.:	FL011930
Gen Ref.:	01432

ANDOVER RD. SIGN—REPLACEMENT FACES & RETAINERS FOR EXISTING SF INT. ILLUM. GROUND SIGN
 SCALE: 3/4"=1'-0" (1) FACE TOTAL