

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 091205

Please Read
Application And
Notes, If Any,
Attached

This is to certify that CENTRO HERITAGE SPE 4 INC / Signhas permission to install (1) 31.32 sq ft sign and (1) 20.17 sq ft signAT 1056 BRIGHTON AVE CPL 263A A007001

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 lathed or otherwise 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

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

OCT 30 2009

City of Portland

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1205	Issue Date:	CBL: 263A A007001
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Location of Construction: 1056 BRIGHTON AVE	Owner Name: CENTRO HERITAGE SPE 4 LLC	Owner Address: 131 DARTMOUTH ST	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone: 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - "Casco Bay Veterinary Hospital" connected w/ permit#090825	Proposed Use: "Casco Bay Veterinary Hospital" install (1) 31.32 sq ft sign and (1) 20.17 sq ft sign	Permit Fee: \$150.00	Cost of Work: \$150.00	CEO District: 3
Proposed Project Description: install (1) 31.32 sq ft sign and (1) 20.17 sq ft sign		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>MA</i> Signature:	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Ldobson	Date Applied For: 10/26/2009	Zoning Approval		
<ol style="list-style-type: none">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"/> <i>OK</i> Date: <i>10/30/09</i> <i>ABU</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 <i>ABU</i> Date: _____

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 provisions of the code(s) applicable to such permit.

PERMIT ISSUED

SIGNATURE OF APPLICANT

ADDRESS

DATE

OCT 30 2009

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

City of Portland

PHONE

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
09-1205	10/26/2009	263A A007001

Location of Construction: 1056 BRIGHTON AVE	Owner Name: CENTRO HERITAGE SPE 4 LLC	Owner Address: 131 DARTMOUTH ST	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: "Casco Bay Veterinary Hospital" install (1) 31.32 sq ft sign and (1) 20.17 sq ft sign	Proposed Project Description: install (1) 31.32 sq ft sign and (1) 20.17 sq ft sign
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 10/30/2009

Note: Permit #07-0101 was a sign plan for the two satellite buildings. Casco Bay Veterinary Hospital is located in P300 & P302 in Retail 3 building. On the sign plan the primary sign can be 40.5 sf and the secondary can be 20.25 for each unit. Since occupying two units, one sign can use square footage allowed for both signs. Primary sign on east elevation could be 81 sf, and the proposed sign is 40.61 sf. The secondary sign on the south elevation meets the secondary sign maximum for one unit (20.25 sf); it is 20.17.

Ok to Issue: ☒**Dept:** Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 10/31/2009**Note:** **Ok to Issue:** ☒

1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

PERMIT ISSUED

OCT 30 2009

City of Portland

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.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

PERMIT ISSUED

OCT 30 2004

City of Portland



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>1064 Brighton Ave.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>263</u> Block# <u>A</u> Lot# <u>7</u>	Owner: <u>Packard Development</u>	Telephone: <u>617-965-1966</u> <u>Tom Bowen</u>
Lessee/Buyer's Name (If Applicable) <u>Marc Ouellette</u> <u>761-8033</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 207</u> <u>Westbrook, ME 04098</u> <u>856-2600</u>	Total s.f. of signage \times \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ Awning Fee = cost of work Total Fee: \$
Who should we contact when the permit is ready: <u>Roger/Diana</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <u>X</u> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions proposed: _____ <u>1 @ 31' x 5' 6"</u> Proposed awning? Yes _____ No <u>X</u> 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): <u>N/A</u> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ 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.		

RECEIVED

OCT 26 2009

Dept. of Building Inspections
City of Portland Maine

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: Diana Olmstead

Date: 10/26/09

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

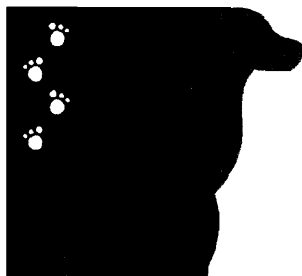
allowable sf. based on sign plan - permit # 07-0121
primary sign permit. 410.5 - two units 821 sf - 40.6 sq ft
secondary " " 2025 - 20.17 sq ft

This Design Is The Property Of **Sign Design Inc.**

306 Warren Ave. Portland, ME
Phone: 207.856.2600 Fax: 207.856.7600
signdesi@maine.rr.com

Individual Led Channel Letters & Logo/Character, Vinyl Covered Acrylic Faces - Letters To Be Color By Day/White By Night
Ref. 3M 3635-210 Light Management Film In Customer Approved Colors (Return & Trim Colors To Be Determined)

34" X 37" Logo/Character
(Color By Day & Night)



CASCO BAY
Veterinary Hospital

Appx. 16 3/8" Tall Letters
133" Line Length

9 7/8" Uppercase Letter Height
Appx. 6 3/4" Lowercase
124 3/4" Line Length

Overall Dimensions Inclusive Of Logo/Character & Text 34" X 172" = 58.48 = 40.61

36.42 if do 3 separately

Individual Led Channel Letters & Logo/Character, Vinyl Covered Acrylic Faces - Letters To Be Color By Day/White By Night
Ref. 3M 3635-210 Light Management Film In Customer Approved Colors (Return & Trim Colors To Be Determined)

24" X 26" Logo/Character
(Color By Day & Night)



CASCO BAY
Veterinary Hospital

Appx. 11 1/2" Tall Letters
93 3/4" Line Length

7" Uppercase Letter Height
Appx. 5" Lowercase
88" Line Length

Overall Dimensions Inclusive Of Logo/Character & Text 24" X 121" = 24.04 = 20.17

This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

Sign Design Inc. is not responsible for errors occurring due to improper review of this submitted proof.

Client: Casco Bay Veterinary Hospital rev. 3
File: cbvh comp. 2
Date: 10.6.09

Approval:

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.

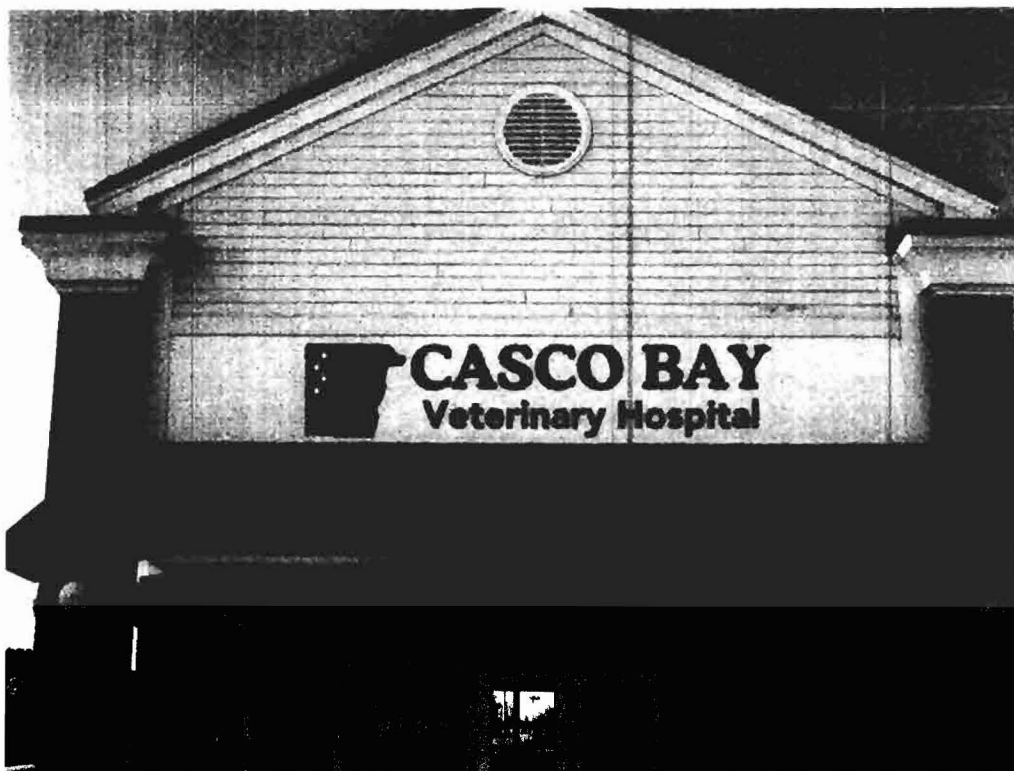
 CASCO BAY

40.6 p
OK

11
12



South elevation?

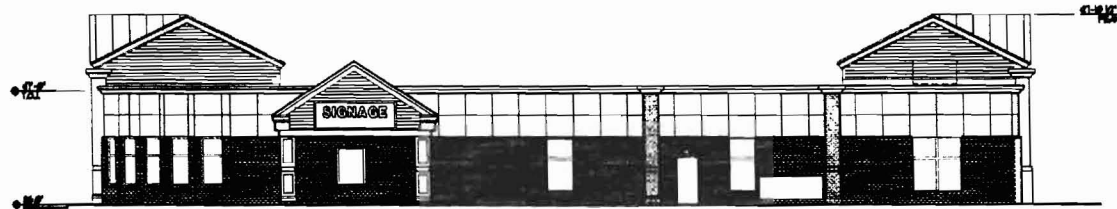


East Elevation

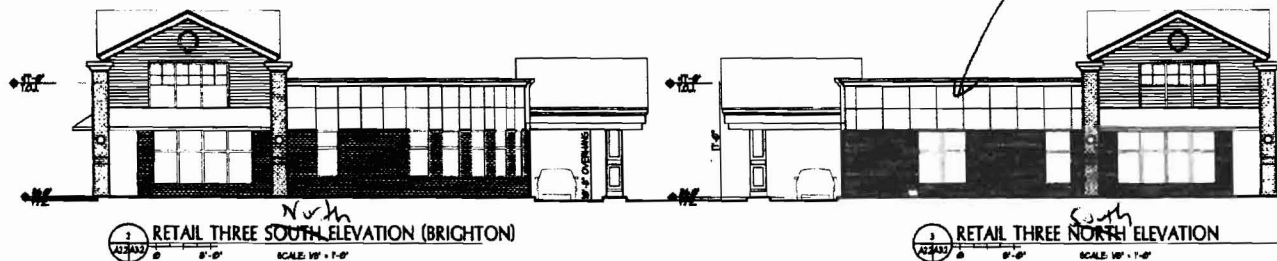
CASCO BAY
Veterinary Hospital

20.2 4 OK



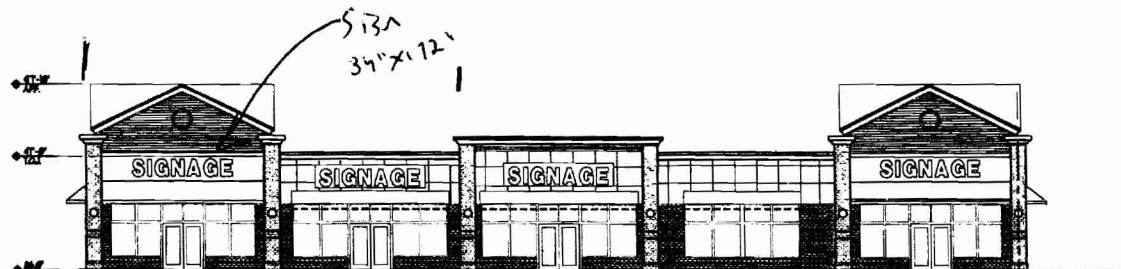


4 RETAIL THREE WEST ELEVATION
SCALE: 1/8" = 1'-0"



2 RETAIL THREE SOUTH ELEVATION (BRIGHTON)
SCALE: 1/8" = 1'-0"

3 RETAIL THREE NORTH ELEVATION
SCALE: 1/8" = 1'-0"



1 RETAIL THREE EAST ELEVATION (PARKING)
SCALE: 1/8" = 1'-0"

SIGNAGE REQUIREMENTS		
	TENANT FRONTAGE LESS THAN 50 LIN. FT.	TENANT FRONTAGE MORE THAN 50 LIN. FT.
MAXIMUM AREA	MAXIMUM AREA 500 SQ. FT.	N/A
SQFT. OF SIGN PER LIN. FT. OF TENANT FRONTAGE	15 SQ. FT. (1/12 SQFT.)	N/A
MAX. PERCENT OF WALL AREA ON WHICH SIGN CAN BE PLACED	N/A	5%
NUMBER OF SIGNS PERMITTED PER TENANT	ONE (1) SEE NOTE (a)	ONE (1) SEE NOTE (a)

Notes: a. If individual tenant fronts on more than one (1) street, one (1) additional building sign is permitted for each additional frontage, but at one-half the maximum allowable area of the first. NOTE: PROJECT FRONTS ONLY ONE ONE PUBLIC STREET.

Computation of area of individual signs: For all signs other than awning signs, the area of a sign face shall be computed by means of the smallest square, circle, rectangle, triangle or simple polygon that it encompasses the extreme limits of the entire representation, whether or other display, together with any material or color forming an integral part of the background of the display, but not any supporting framework, tracing or decorative fence or wall when such fence is clearly incidental to the display itself.

EXAMPLE BASED ON ELEVATIONS SHOWN:

SIGNAGE POLYGON SURROUNDING CHANNEL LETTER

55 17 6 5 3.7 6 48 = 327 SQFT.

MAXIMUM ALLOWED:
75'-0" (TENANT FRONTAGE) X 15' = 315 SQFT.

ALL SIGNAGE SHALL BE INDIVIDUALLY LIT CHANNEL LETTERS IN SIGNAGE AREA INDICATED ON THIS DRAWING. PLYWOOD BACKING IS PROVIDED AT LOCATION BEND BAND ONLY.

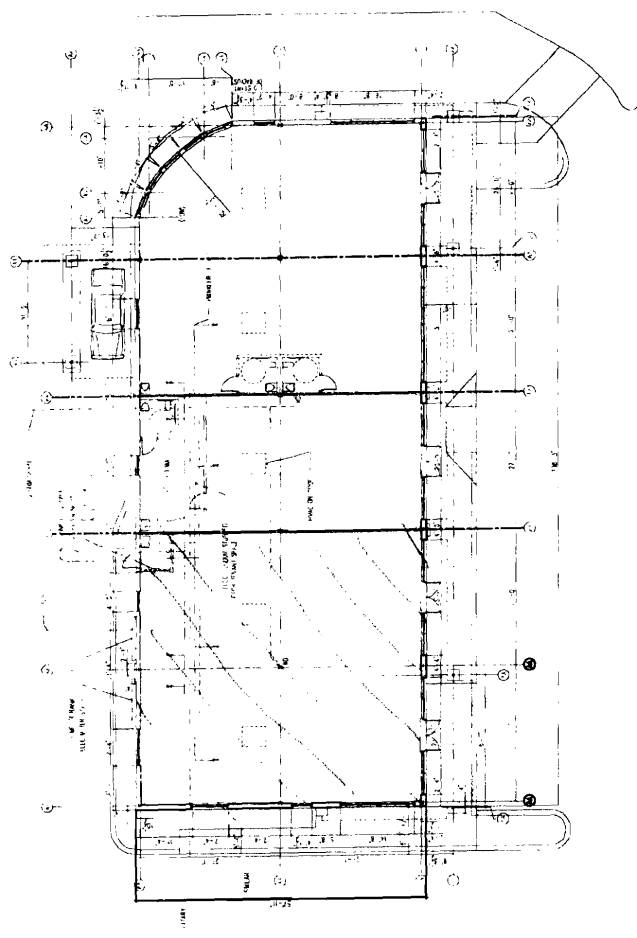
**PORT CITY
ARCHITECTURE**
55 NEWBURY STREET
PORTLAND, ME 04101
207.781.9000
fax: 207.781.2010
info@portcityarch.com

CONSULTANTS
ASH ENGINEERING INC.
88 STATE STREET
GROBMAN 15E BLDG
PORTLAND, ME 04101
PHONE: 207-875-7871
FAX: 207-875-7844
DECKER STRUCTURAL ENG. INC.
75 YORK STREET
PORTLAND, ME 04101
PHONE: 207-875-8888
FAX: 207-875-8877
REBAGO TECHNICS
1 CHABOT STREET
PORTLAND, ME 04101
PHONE: 207-886-4577
FAX: 207-886-7356

PINE TREE SHOPPING CENTER
Retail Redevelopment
Brighton Avenue
Portland, Maine

DATE DESCRIPTION
REVISIONS
Date Issued: MAY 1, 2006
Project Number: 0402B
Drawing Scale: 1/8" = 1'-0"
SHEET NAME
RETAIL THREE
ELEVATIONS

Drawn By
JCC
Checked By
SIGN
CRITERIA
DRAWING



DRAFT

DRAFT - Exhibit Plan
Portland, ME
Brighton Avenue

1

Date	2/1/08
By	NTS
Checked By	
Drawn By	RWL

Sign Design Inc.

Sign Contractors

P.O. Box 207
Westbrook, ME 04098
(207) 856-2600 * FAX: (207) 856-7600
1-800-949-9037
signdesi@maine.rr.com
A Full Service Sign Company

RE: CASCO Bay Veterinary Hospital

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

RETAIL Building #3
PINETREE Shopping Center

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

Howard J. Mintz for 10/22/09
Signature For Name Pinetree LLC Date

Howard J. Mintz
Print Name

Client#: 51561

CASCABAYV1

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2009

PRODUCES

**AVMA PLIT Business Insurance
Hub International Midwest Limited
55 East Jackson Boulevard, Ste 14B
Chicago, IL 60604**

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 Veterinary Hospital, LLC
1041 Brighton Avenue
Portland, ME 04102

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A **Hartford Casualty Insurance Co**

29424

INSURER 3

INSURER :

INSURED:

INDEX

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	ADD'L INSRG	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 MAINT. <input checked="" type="checkbox"/> EXCLUS. <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER EVENT <input type="checkbox"/> LOC.	B3SBWRX6863	03/31/09	03/31/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (S&OCC019/159) MULTIPLE (Any one person) PERSONAL & ADJ. INJURY GENERAL AGGREGATE PRODUCTS & COMPREHENSIVE	\$2,000,000 \$300,000 \$10,000 \$2,000,000 \$4,000,000 \$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 <input type="checkbox"/>				COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY	EA ACC. AGG. \$ AGG. \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE W/ STATE TORY LIMITS OTHER	\$ \$ \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR, PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				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

Certificate Holder is listed as an Additional Insured as their interests may appear with respects to:

Sign Installation at 1050 Brighton Avenue, Portland, ME 04102

Subject to Policy Terms, Conditions and Exclusions.

CERTIFICATE HOLDER

**City of Portland
389 Congress Street
Portland, ME 04102**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Michael J. Ahlert

PINE TREE RETAIL CENTER

PORTLAND, MAINE

SIGN AREA CHART

APPLICATION 1048, TAXMAP 263 AA 4, RETAIL 2 & 3

SIGN APPLICATION 1048

TAXMAP 263 AA 4

Issued: January 16, 2007

retail
Building
#2

retail
Building
#3

SPACE	EXIST./NEW	PRIMARY/SECOND.	S.F. Allowed	S.F. Proposed
P200 QUIZNOS	EXISTING	PRIMARY	59.7 SF	PREVIOUS APPLICATION - # 06-0438
P200 QUIZNOS	EXISTING	SECONDARY	29.8 SF	PREVIOUS APPLICATION - # 06-0573
P202 VACANT	NEW	PRIMARY	37.5 SF	37.5 S.F.
P202 VACANT	NEW	SECONDARY	18.75 SF	18.75 S.F.
P204 VACANT	NEW	PRIMARY	37.5 SF	37.5 S.F.
P204 VACANT	NEW	SECONDARY	18.75 SF	18.75 S.F.
P206 VACANT FedEx/Kinkos	NEW	PRIMARY	37.5 SF	28.6 S.F. # 07-0149
P206 VACANT FedEx/Kinkos	NEW	SECONDARY	18.75 SF	16.1 S.F. # 07-0149
P208 ASPEN DENTAL	EXISTING	PRIMARY	75 SF	44.25 S.F. PREVIOUS APPLICATION # 06-0491
P208 ASPEN DENTAL	EXISTING	SECONDARY	37.5 SF	35 S.F. PREVIOUS APPLICATION
P300 VACANT - Cusco Brg Vct	NEW	PRIMARY	40.5 SF	40.5 S.F.
P300 VACANT # 07-0525	NEW	SECONDARY	20.25 SF	20.25 S.F.
P302 VACANT Cusco Brg Vct	NEW	PRIMARY	40.5 SF	40.5 S.F.
P302 VACANT # 09-0525	NEW	SECONDARY	20.25 SF	20.25 S.F.
P304 VACANT	NEW	PRIMARY	40.5 SF	40.5 S.F.
P304 VACANT	NEW	SECONDARY	20.25 SF	20.25 S.F.
P306 BANGOR SAVINGS	SEP. APPLICATION	PRIMARY	80.25 SF	19.8 S.F. PREVIOUS APPLICATION denied
P306 BANGOR SAVINGS	SEP. APPLICATION	SECONDARY	80.25 SF 40.13 SF	26 S.F. PREVIOUS APPLICATION approved
				339.45 S.F. (previous applications not included in total)

LIST OF DRAWINGS

- T-B TITLE SHEET
- B-0 KEY PLAN
- B-1 RETAIL 2 ELEVATIONS WITH SIGNAGE
- B-2 RETAIL 3 ELEVATIONS WITH SIGNAGE
- B-3 RETAIL 2 REAR ELEVATION RENDERING
- D-1 DIRECTIONAL SIGN DRAWING
- D-2 DIRECTIONAL SIGN RENDERING

PREPARED FOR:

Packard Development
One Wells Avenue
Newton, MA 02459
tel: 617.965.1966
fax: 617.965.2519

PREPARED BY:

Port City Architecture
65 Newbury Street
Portland, ME 04101
tel: 207.761.9000
fax: 207.761.2010





65 NEWBURY STREET
PORTLAND, ME 04101
207.761.9000
fax: 207.761.2010
info@portcityarch.com
www.portcityarch.com

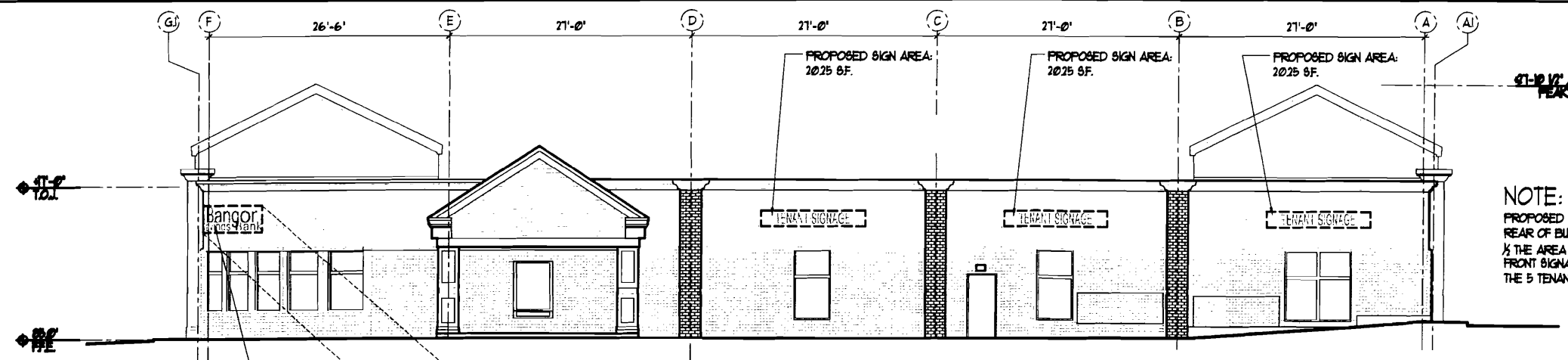
PINE TREE
Retail Signage
Portland, Maine

DATE	DESCRIPTION
REVISIONS	
Date Issued	12/15/2006
Project Number	06213
Drawing Scale	As Noted
SHEET NAME	

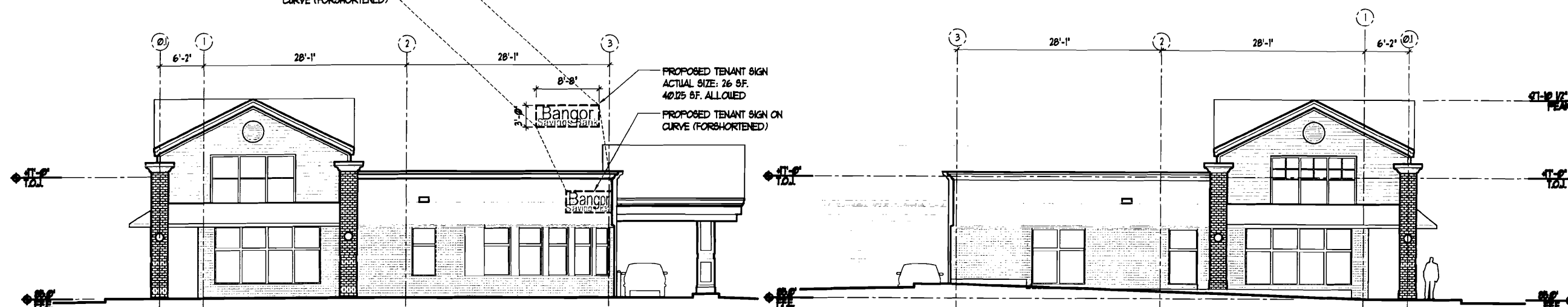
**RETAIL 3
ELEVATIONS**

Drawn By
EAC
Checked By
JCC

B-2

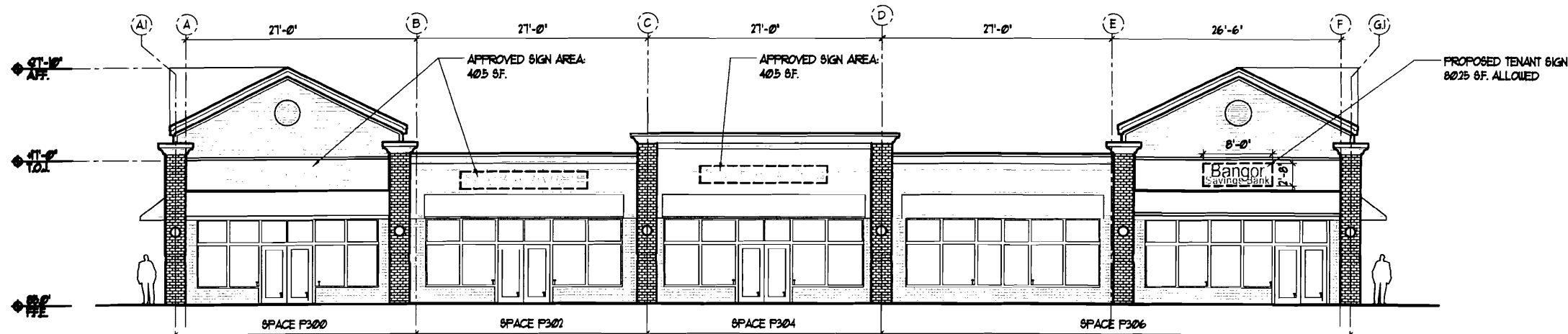


4 RETAIL THREE WEST ELEVATION
SCALE: 1/8" = 1'-0"



2 RETAIL THREE SOUTH ELEVATION (BRIGHTON)
SCALE: 1/8" = 1'-0"

3 RETAIL THREE NORTH ELEVATION
SCALE: 1/8" = 1'-0"



1 RETAIL THREE EAST ELEVATION (PARKING)
SCALE: 1/8" = 1'-0"