

# ELECTRICAL PERMIT

City of Portland, Maine

To the Electrical Inspector, Portland Maine :

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland's Electrical Ordinances, National Electrical Code and the following specifications:



Date: 10/23/15

Permit #: \_\_\_\_\_

CBL#: \_\_\_\_\_

ADDRESS: 2 Somerset St. METER MAKE/MODEL #: \_\_\_\_\_

CMP Work Order #: \_\_\_\_\_ OWNER: \_\_\_\_\_

TENANT: Whole Foods Market PHONE #: 207-774-7711

**PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION!** TOTAL EACH FEE

<b>OUTLETS:</b>	Receptacles	Switches	Smoke Detector	0.20	
<b>FIXTURES:</b>	Incandescent	Flourescent	Strips	0.20	
<b>SERVICES:</b>	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	<input type="checkbox"/> TTL Amps <800	15.00	
			<input type="checkbox"/> TTL Amps >800	25.00	
<b>TEMPORARY SERVICE:</b>	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	TTL Amps	25.00	
<b>METERS:</b>	(Number of)			1.00	
<b>MOTORS:</b>	(Number of)			2.00	
<b>RESID/COMMER:</b>	Electric Units			1.00	
<b>HEATING:</b>	Oil/Gas Units	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	5.00	
<b>APPLIANCES:</b>	Ranges	Cook Tops	Wall Ovens	2.00	
	Insta-hot	Water Heaters	Fans	2.00	
	Dryers	Disposals	Dishwasher	2.00	
	Compactors	Spa	Washing Machine	2.00	
	Others (denote)			2.00	
<b>MISC. (# of):</b>	Air Cond (Window)			3.00	
	Air Cond (Central)		Pools	10.00	
	HVAC	EMS	Thermostat	5.00	
	Signs			10.00	
	Alarms/Resident			5.00	
	Alarms/Commer			15.00	
	Heavy Duty (CRKT)			2.00	
	24 Alterations			5.00	120.00
	Fire Repairs			15.00	
	Emergency Lights			1.00	
	Emer Generators			20.00	
	Circus/Carnival			25.00	
<b>PANELS:</b>	<input type="checkbox"/> Service	<input type="checkbox"/> Remote	<input type="checkbox"/> Main	4.00	
<b>TRANSFORMER:</b>	<input type="checkbox"/> 0-25 Kva			5.00	
	<input type="checkbox"/> 25-200 Kva			8.00	
	<input type="checkbox"/> Over 200 Kva			10.00	

**MINIMUM COMMERCIAL FEE: \$55.00**

**MINIMUM RESIDENTIAL FEE: \$45.00**

Brief Description of work:

**TOTAL DUE:**

Remove 16 parking lot lighting heads and 8 wall packs and replace with new LED fixtures.

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**CONTRACTOR INFORMATION:**

Contractor Name: James T. Bisson Master License #: MSS60008355

Address: 100 Access Rd. Norwood, MA 02062 Limited License #: \_\_\_\_\_

Telephone & E Mail: 781-440-2931 eblaszies@pecofct.com

Contractor Signature: James T. Bisson

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CBL :



Jeff Levine, AICP, Director  
Planning & Urban Development Department

Tammy Munson, Director  
Inspections Division

**Electronic Signature and Fee Payment Confirmation**

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, upon receipt of an e-mailed invoice from Building Inspections, which signifies that my electronic permit application and corresponding paperwork have been received, determined complete, entered by an administrative representative, and assigned a permit number, I then have the following four (4) payment options:

- provide an on-line electronic check or credit/debit card (we now accept American Express, Discover, VISA, and MasterCard) payment (along with applicable fees beginning July 1, 2014),
- call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone,
- hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall,
- deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland, Inspections Division  
389 Congress Street, Room 315  
Portland, Maine 04101

Once my payment has been received, this then starts the review process of my permit. **After all approvals have been met and completed, I will then be issued my permit via e-mail.** No work shall be started until I have received my permit.

Applicant Signature: Eric A. Blasziez Date: 10/23/15

I have provided digital copies and sent them on: via email Date: 10/23/15

NOTE: All electronic paperwork must be delivered to [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov) or by physical means ie; a thumb drive or CD to the office.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Lynn Blanchard, CIC, CISR <b>PHONE (A/C, No, Ext):</b> (603) 669-3218 <b>E-MAIL ADDRESS:</b> lblanchard@crossagency.com <b>FAX (A/C, No):</b> (603) 645-4331	
<b>INSURED</b> Professional Electrical Contractors of Connecticut, Inc. 100 Access Road Norwood MA 02062		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: The Charter Oak Fire Ins Co      NAIC # 25615 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

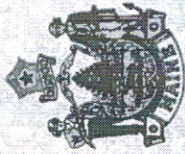
**COVERAGES**      **CERTIFICATE NUMBER:** 15-16 GL, BA, WC & Umb      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per Project Aggregate <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CO6E656223	6/30/2015	6/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			8106E696755	6/30/2015	6/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 8,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP8E066292	6/30/2015	6/30/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB6E662150 (3a.) CT ME NH NJ NY RI VA & VT All officers included	6/30/2015	6/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
GL policy provides blanket additional insured including completed operations and blanket waiver of subrogation as per written contract. The business auto policy provides a blanket additional insured & waiver of subrogation endorsement as per written contract. The umbrella policy provides a waiver of subrogation & additional insured on a primary & non-contributory basis. Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b>  For Informational Purposes Only	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  L Blanchard, CIC, CISR



# State of Maine

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
ELECTRICIANS' EXAMINING BOARD

License # **MSS60008355**

Be it known that: **JAMES T. BISSON**  
has qualified as required by Title 32 MRSA Chapter 17 and is licensed  
as a

**MASTER ELECTRICIAN**

**ISSUE DATE**  
Nov 01, 2014

**EXPIRATION DATE**  
Oct 31, 2016

*Anne L. Head*

Director, Office of Professional & Occupational Regulation