





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:  Date: 12/28/15

I have provided digital copies and sent them on: \_\_\_\_\_ Date: 12/28/15

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.



Professional Electrical Contractors of Connecticut, Inc.

Date: 12/28/15

I, **James Bisson Sr.**, authorize Marc Paternostro to sign the electrical permit application as my agent to perform work at:

Address 160 Fox Street, Portland, ME 04101

Job name and description Whole Foods Market - Pub Department Electrical Work

Starting Date 1/4/16 License type and number attached.

Agent Signature M Paternostro

Licensed Contractor Signature James T. Bisson Sr.  
James T. Bisson Sr.

PEC of CT, Inc.

Contracting · Engineering · Design/Build · Service · Telecommunications · Solar

Ph: (888)PEC-ELEC  
Fax: (781)769-2913  
www.pecofct.com

Corporate Office  
100 Access Road  
Norwood, MA 02062

Regional Office  
145 Robert Jackson Way  
Plainville, CT 06062

Branch Office  
249 Roosevelt Ave, Suite 203.  
Pawtucket, RI 02860



**State of Maine**  
 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
 ELECTRICIANS' EXAMINING BOARD

**License Number MS60020453**

Be it known that

**BRIAN A. FERREIRA**

has qualified as required by Title 32 MRSA Chapter 17 and is licensed as:

**MASTER ELECTRICIAN**

**ISSUE DATE**  
July 2, 2015

*Anne L. Head*  
Commissioner

**EXPIRATION DATE**  
August 31, 2017

✂ Detach



**STATE OF MAINE**  
 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
 ELECTRICIANS' EXAMINING BOARD

License Number MS60020453  
**BRIAN A. FERREIRA**  
 MASTER ELECTRICIAN

**ISSUED 07/02/2015**

**EXPIRES 08/31/2017**

**STATE OF MAINE**  
 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
 35 State House Station  
 Augusta, Maine 04333-0035  
 (207) 624-8603

*Anne L. Head*  
Commissioner



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2015

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>FAX (A/C, No):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> lblanchard@crossagency.com	
<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 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 25615	

**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"/> PRO-JECT <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 - COM/POP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS 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 <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000			CUP8E066292	6/30/2015	6/30/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	DTCUB-6E66215-0-15 (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"/> OTH-ER 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)  
Project: Whole Foods Portland, ME. CM & B Inc; Whole Foods Market, Inc. and each of its subsidiaries; Whole Foods Market, Inc. Holding Company (TX); Whole Foods Market Group, Inc. (DE); GBD Properties, Inc. (DE); WFM Properties Holdings, Inc. (DE) & Franklin & Somerset Portland ME, L.L.C. (DE) are included as additional insured with respects to the CGL & business auto policies as per written contract. A waiver of subrogation in favor of the above additional insured applies with respects to CGL, business auto & Maine worker's compensation policies as per written contract. The umbrella policy follows-form. Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b> contractdocs@cmbteam.com  cm&b Inc 75 Sylvan Street Building C Danvers, MA 01923	<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.  AUTHORIZED REPRESENTATIVE L Blanchard, CIC, CISR
--	--