

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: 4/8/16

Permit #: _____

CBL#: _____

ADDRESS: 160 Fox Street

METER MAKE/MODEL #: N/A

CMP Work Order #: _____

OWNER: Whole Foods Market

TENANT: Whole Foods Market

PHONE #: 518-265-4291 - Jim Strain

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

OUTLETS:		Receptacles	Switches	Smoke Detector	0.20		
FIXTURES:	577	Incandescent LED	Flourescent	Strips	0.20	\$115.40	
SERVICES:	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps <800	15.00
					<input type="checkbox"/>	TTL Amps >800	25.00
TEMPORARY SERVICE:		Overhead	<input type="checkbox"/>	Underground		TTL Amps	25.00
METERS:		(Number of)					1.00
MOTORS:		(Number of)					2.00
RESID/COMMER:		Electric Units					1.00
HEATING:		Oil/Gas Units	<input checked="" type="checkbox"/>	Interior	<input type="checkbox"/>	Exterior	5.00
APPLIANCES:		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
MISC. (# of):		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
		Alterations					5.00
		Fire Repairs					15.00
		Emergency Lights					1.00
		Emer Generators					20.00
		Circus/Carnival					25.00
PANELS:		Service	4/8/	Remote	4/8/	Main	4.00
TRANSFORMER:		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00

MINIMUM COMMERCIAL FEE: \$55.00 **MINIMUM RESIDENTIAL FEE: \$45.00** **TOTAL DUE: \$115.40**

Brief Description of work: Electrical work associated with replacing the existing lighting with LED lighting. There are a total of 577 fixtures being replaced with this project per the attached drawings.

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

CONTRACTOR INFORMATION:

Contractor Name: Professional Electrical Contractors of CT, Inc. / Brian Ferriera Master License #: MS60020453
 Address: 100 Access Road Limited License #: MS60020453
 Telephone & E Mail: 781-440-2993 (Marc Paternostro) & mpaternostro@pecofct.com

Contractor Signature: *M. Paternostro*

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

CBL :



Department of Permitting and Inspections

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 that 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 selections below.

1. Once the complete application package has been received by us, and entered into the system
2. You will receive an e-mailed invoice from our office which signifies that your electronic permit application and corresponding paperwork have been entered, ready for payment, to begin the process.
3. You then have the following four (4) payment options:

- provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment
- 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
Department of Permitting and Inspections
389 Congress Street, Room 315
Portland, Maine 04101**

By signing below, I understand the review process starts only once my payment has been received. After all approvals have been met and completed, I will then be issued my permit and it will be sent via e-mail. ***No work shall be started until I have received my permit.***

Applicant Signature:  Date: 4/8/16

I have provided digital copies and sent them on: _____ Date: 4/8/16

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



Professional Electrical
Contractors

Date: 4/8/16

I, Brian A. Ferreira, 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 - Lighting Upgrade

Starting Date: 4/18/16 License type and number attached.

Agent Signature M Paternostro

Licensed Contractor Signature Brian A Ferreira
Brian A. Ferreira



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

Anne L. Head
 Commissioner

ISSUE DATE
 July 2, 2015

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).

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Lynn Blanchard, CIC, CISR PHONE (A/G, No, Ext): (603) 669-3218 E-MAIL ADDRESS: lblanchard@crossagency.com		FAX (A/G, No): (603) 645-4331	
INSURED Professional Electrical Contractors of Connecticut, Inc. 100 Access Road Norwood MA 02062		INSURER(S) AFFORDING COVERAGE INSURER A: The Charter Oak Fire Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			C06E656223	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 - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <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			C0F8E066292	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/A	DTC0B-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"/> 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)
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.

CERTIFICATE HOLDER contractdocs@cmbteam.com cm&b Inc 75 Sylvan Street Building C Danvers, MA 01923	CANCELLATION 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
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