

Location of Construction: 555 Congress St		Owner: Richard Paulson		Phone:	
* Owner Address: lessee BOX 4234 Ptd ME 04101		Lessee/Buyer's Name: Aubergine		Phone: 874-0680	
Contractor Name:		Address:		Phone:	
Past Use: restaurant		Proposed Use: restaurant w outdoor dining area		COST OF WORK: \$	
				PERMIT FEE: \$ 25	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: create outdoor dining area		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved <input type="checkbox"/>			
		Approved with Conditions: <input type="checkbox"/>			
		Denied <input type="checkbox"/>			
Permit Taken By: L Chase		Date Applied For: 5/28/97			

Permit No: **970553**

PERMIT ISSUED

Permit Issued: **JUN - 6 1997**

CITY OF PORTLAND

Zone: **B-3** CBL: **637-A-043**

Zoning Approval: *shall comply with traffic*

Special Zone or Reviews:

Shoreland engineer req.

Wetland *and state*

Flood Zone *liquor req*

Subdivision *liquor req*

Site Plan maj minor mm

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *5/29/97*

[Signature]

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..

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

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: *555 Congress P.O. 4234 Portland ME 04101* DATE: *5/28/97* PHONE: *874 0680*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

CEO DISTRICT **5**

[Signature]

PERMIT ISSUED

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief 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 Electrical Ordinance,
 National Electrical code and the following specification:

Date 16 October 1996

Permit # 10626

LOCATION: 555 Congress St

OWNER Paulson, Richard/Aubergine Rest ADDRESS _____

TOTAL EACH FEE

OUTLETS		Receptacles	Switches	Smoke Detector		30	.20	6.00	
FIXTURES	(number of)	incandescent	fluorescent			60	.20	12.00	
		fluorescent strip					.20		
SERVICES		Overhead		TTL AMPS TO	800		15.00		
		Underground			800	200	15.00	15.00	
TEMPORARY SERV.		Overhead		AMPS OVER	800		25.00		
		Underground			800		25.00		
METERS	(number of)					1	1.00	1.00	
MOTORS	(number of)						2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units					5.00		
APPLIANCES		Ranges	Cook Tops	Wall Ovens			2.00		
		Water heaters	1	Fans	5	7	2.00	14.00	
Disposals		Dishwasher	1	Compactors			2.00		
MISC. (number of)		Air Cond/win					3.00		
		Air Cond/cent					10.00		
		Signs					5.00		
		Pools					10.00		
		Alarms/res					5.00		
		Alarms/com					15.00		
		Heavy Duty					2.00		
		Outlets							
		Circus/Carnv					25.00		
		Alterations					5.00		
		Fire Repairs					15.00		
		E Lights				10	1.00	10.00	
		E Generators					20.00		
		Panels					4.00		
TRANSFORMER		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
		TOTAL AMOUNT DUE							
		MINIMUM FEE/COMMERCIAL 35.00							
							25.00	58.00	

INSPECTION: Will be ready _____ or will call XXXXXXXXXXXXXX

CONTRACTORS NAME Place Electric
 ADDRESS 166 Summit St Ptld
 TELEPHONE 797-9954
 MASTER LICENSE No. 10626
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR