

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 140		Owner: [Signature]		Phone: [Number]		Permit No: 970273	
Owner Address: [Address]		Lessee/Buyer's Name: [Name]		Phone: [Number]		Business Name: [Name]	
Contractor Name: [Name]		Address: [Address]		Phone: [Number]		Permit Issued: APR - 2 1997	
Past Use: [Use]		Proposed Use: [Use]		COST OF WORK: \$ [Amount]		PERMIT FEE: \$ [Amount]	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: [Signature]		Signature: [Signature]	
Proposed Project Description: [Description]				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: [Approval]	
				Action: Approved <input checked="" type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		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"/>	
Permit Taken By: [Signature]		Date Applied For: 17 June 1997					

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

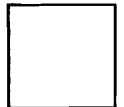
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Address] DATE: [Date] PHONE: [Phone]

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE [Title] PHONE: [Phone]

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT



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 specifications:

Date 28 April 1997

LOCATION: 110 Free St

Permit # _____

OWNER Blue Cross Blue Shield

ADDRESS _____

TOTAL EACH FEE

OUTLETS	Telephone	Data	500	CATV			.20	100.00
	Receptacles	Switches		Smoke Detector			.20	
FIBER OPTICS							15.00	
FIXTURES	incandescent	fluorescent					.20	
	fluorescent strip						.20	
SERVICES	Overhead			TTL AMPS TO	800		15.00	
	Underground				800		15.00	
Temporary Service	Overhead			AMPS OVER	800		25.00	
	Underground				800		25.00	
METERS	(number of)						1.00	
MOTORS	(number of)						2.00	
RESID/COM	Electric units						1.00	
HEATING	oil/gas units	Interior		Exterior			5.00	
APPLIANCES	Ranges	Cook Tops		Wall Ovens			2.00	
Insta-Hot	Water heaters	Fans		Dryers			2.00	
Disposals	Dishwasher	Compactors		Others (denote)			2.00	
MISC. (number of)	Air Cond/win						3.00	
	Air Cond/cent			Pools			10.00	
	HVAC	EMS		Thermostat			5.00	
	Signs						10.00	
	Alarms/res						5.00	
	Alarms/com						15.00	
	Heavy Duty(CRKT)						2.00	
	Circus/Carnv						25.00	
	Alterations						5.00	
	Fire Repairs						15.00	
	E Lights						1.00	
	E Generators						20.00	
PANELS	Service	Remote		Main			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			MINIMUM FEE	25.00			100.00

INSPECTION: Will be ready _____ or will call XXXXXX

CONTRACTORS NAME N.E. Communications

MASTER LIC. # _____

ADDRESS 25 Evergreen Dr Ptld, ME

LIMITED LIC. # _____

TELEPHONE 878-7585

Michael Collins 874-8694 7-8:30

SIGNATURE OF CONTRACTOR

Barbara Myer