

CITY OF PORTLAND
PERMITTING AND INSPECTIONS DEPARTMENT

389 Congress Street
Portland, Maine 04101

INVOICE OF FEES

Application No: 201602332	Applicant: MAINE MEDICAL CENTER
CBL: 053 D007001	Location: 22 BRAMHALL ST
Invoice Date: 08/31/2016	Permit Type: Tent/Stage

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$0.00		\$0.00		\$30.00		\$0.00		\$30.00	On Receipt

First Billing

Previous Balance	\$0.00
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<u>Fee Description</u>	<u>Qty</u>	<u>Fee/Deposit Charge</u>
Special Events / Tents	1	\$30.00
		\$30.00
Total Current Fees:	+	\$30.00
Total Current Payments:	-	\$0.00
Amount Due Now:		\$30.00

Detach and remit with payment

CBL 053 D007001
Bill To: MAINE MEDICAL CENTER
22 BRAMHALL ST
PORTLAND, ME 04102

Application No: 201602332
Invoice Date: 08/31/2016
Invoice No: 59600
Total Amt Due: \$30.00
Payment Amount:

Make checks payable to the *City of Portland*, ATTN: Permitting and Inspections, 3rd Floor, 389 Congress Street, Portland

[Pay On-Line at http://portlandmaine.gov/payyourpermit](http://portlandmaine.gov/payyourpermit)