

CITY OF PORTLAND
PERMITTING AND INSPECTIONS DEPARTMENT

389 Congress Street
Portland, Maine 04101

INVOICE OF FEES

Application No: 201602333	Applicant: MAINE MEDICAL CENTER
CBL: 053 D007001	Location: 22 BRAMHALL ST
Invoice Date: 08/31/2016	Permit Type: Food Truck Operating on Private Property

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

Previous Balance **\$0.00**

Fee Description	Qty	Fee/Deposit Charge
Building Permit Fee Add'l \$1000	1	\$30.00
		\$30.00
	Total Current Fees:	+ \$30.00
	Total Current Payments:	-
	Amount Due Now:	

Detach and remit with payment

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

Application No: 201602333
Invoice Date: 08/31/2016
Invoice No: 59603
Total Amt Due:
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)